MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3734 CERTIFICATE OF DEATH 03729

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	COUNTY ALLEGANY MARYLAND	. STATE MARYLAND b. COUNTY ALLEGANY
	b. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	CUMBERLAND DAY II HRS.	FROSTBURG
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS a. IS RESIDENCE
0		ROUTE #3
3	MEMORIAL & WARWICK AVENUES	Lest 4. DATE Month Dey Yeer
	DECEASED	OF . Date .
_	(Typa or print) DONALD CARL	BENNETT DEATH APRIL 20 1961
1 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Devs Hours Min.
	MALE WHITE WIDOWED DIVORCED	APRIL 18, 1961 yrs. Months Levys nours
1	0e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	The state of the s	CUMBERLAND, MD. U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	ROBERT C. BENNETT	BERNICE KEESEE
	5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	
1	Yas, no, or unkown) (Ifyes give werordetes of service)	MEMORIAL MOCRITAL CUMPERLAND IN
=	18. CAUSE OF DEATH [Enter only one ceusa per line for (a), (b), end (c).]	MEMORIAL HOSPITAL - CUMBERLAND, MD.
		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hyoline /Vien	1 Orane Piscale
	1/3.5 DUE TO D. 1 1	
	Conditions, if eny, which \ (b) Prematurt	4
	geva rise to immediate cause (a), stating the underlying DUE TO	
	cause lest. (c)	
2		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
T A		PERFORMED?
0	2Do. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of Item 18.)
CEPTIEICATION	OR CONTRIBUTING CAUSE OF DEATH	Ashiel holder of many mitolities from the state of the st
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA Hour a.m. 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) ory, straet, office bldg., etc.)
17.7	p.m. 19 et work at work	
	21. I certify that (I) (this hospital) attended the deceased from	
		death occured at 9:000 from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
	Wall HIR BANKER	ATTENDING MED. STAFF SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) DR. ROBERT D. BRODELL	
=		129 S. LIBERTY ST., CUMBERLAND, MD. OR CREMATORY 123d, LOCATION (City, town or county) (State)
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burlel 4-21-61 Jorlen C	imelery Cappart byens my
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	I R. Dust trostburg	myc/ DATE ADD 24 161 arthur & Kraus
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BOMES - CARL STREET - APRIL -

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MACO: Parent

FR. ROBERT H. PRODELL

ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnods PLACE OF DEATH e. COUNTY ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 by Write RURAL end give neerest town) MT. SAVAGE 51 DAYS .⊑ filled TALOS STALON (if not in hospital, give street address) d. STREET ADDRESS & WARWICK AVES .. Newtown 3. NAME OF 4. DATE Middle DECEASED WILLIAM OF BENNETT (Type or print) 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED B. DATE OF BIRTH MARCH 2,1884 MALE WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work physician done during most of working life, even if retired) MARYLAND etired Yard Master & P Railroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending 5 JOHN BENNETT MAZIE PERDEW ple and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT oval, (Yes, no, or unkown) | (Ifyes give wer or dates of service) 712-14-1541 the 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (e), steting the underlying couse lest. 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Not-While While Hour e.m. et work et work DIRECTOR: 19, 21. I certify that (I) (this hospital) ettended the deceased from....... 220. SIGNATURE ATTENDING DIRECTOR death. Page 4 page with th 22c. PHYSICIAN ector, filed 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) 4/18/61 Mt. Savage Meth. Cem. 0 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Wayne George. Cumberland, Md. 15M 9/60

2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) b. COUNTY ALLEGANY c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) a. IS RESIDENCE ON A FARM? YES NO Y DEATH 1951 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) U.S.A. Address INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of (County) (Stete) 201. (City or town) to.... 19......, and that death occur 3 30...AMM, from the causes and on the date stated above. SIGNED STAFF PHYS. 23d. LOCATION (City, fown or county) Mt. Savage, Md. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE arthur & Kroug

RYLAND STATE DEPARTMENT OF HEALTH

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No

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registrar priar to burial,

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Exami shauld ACE OF DEATH COUNTY ALLEGANY

MARYLAND

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ALLEGANY

CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) CUMBERLAND

c. LENGTH OF STAY IN 1b TITHE

CITMBERT, AND

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

d. STREET ADDRESS

o. STATE

e. IS RESIDENCE ON A FARM? YES NOT

Year 19 67 IF UNDER 24 HRS. Hours

Min. OF WHAT COUNTRY?

SACRE	D HEART HOSPIT	AL	1	FAIRGO)			
NAME OF DECEASED	First	Middle	4	Last	4. DATE OF	Mon	th	C
(Type or print)	WILLIAM	I MAYNARD	BISHOP		DEATH	APRI	L	1,
S. SEX		MARRIED NEVER MARRIED	1			9. AGE (In years fast birthday)	IF UNDE Months	R 1YE
MALE	WHITE W	/IDOWED DIVORCED [J \ Wbr.T	1 17, 19	17	48 yn.		,
0a. USUAL OCCUP	ATION (Give kind of work don orking life, even if retired)	e 106. KIND OF BUSINESS OR I	NDUSTRY 11. B	IRTHPLACE (Stote	or foreign co	ountry)	12. CI	TIZEN
NONE				MARYLA	ND			
3. FATHER'S NAM	E		14. MO	THER'S MAIDEN I	NAME			
	FRED BISHOP			FLORE	NCE LUI	DWIG		
15. WAS DECEASED	EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	17. INFORMAL	NT		Addres	4	
NO		NONE	J. O.	BISHOP	CRES	APTOWN,	MD.	
	DEATH [Enter only one cause DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (o), (b), and (c).] SHOCK						1

18. CAUSE OF DEATH [Enter only one	cause pe	r line for (o), (b), and (c).]	INTER	AL BETWEEN
PART I. DEATH WAS CAUSED B IMMEDIATE CAUSE	Y: E (o)	SHOCK	7	Hours
812× DUE	то			
Conditions, if any, which)	(b)	RETROPERITONEAL HEMORRHAGE, FRACTURED PELVIS.	7	Hours.
gove rise to immediate cause ((o), stating the underlying DUE	10	FRACTURE OF TIBIA AND FIBULA, RIGHT; FRACTURE		
couse last.	(c)	OF RIGHT HUMERUS; CONTUSION OF BRAIN.		
PART II. OTHER SIGNIFICANT O	ONDITIO	INS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19	. WAS AUTO

NO [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.

20c. TIME OF INJURY

AUTO----Pedesterian 20d. INJURY OCCURRED - 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)

20f. (City or tawn)

(State)

While Not while of work at wark Rt 15 Cumberland 21. 1 certify that I took charge of the remains described above, held on Autopsy (7), Inspection (7), Inquiry , and find that

FROSTBURG MEMORIAL PARK

death resulted from: Natural causes Accident 173. Suicide

Homicide . Undetermined cause

ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE

DATE SIGNED

(State)

EXAMINER'S NAME (Type)

BENEDICT SKITARELIC. M.D

Month, Day, Year

DEPUTY MEDICAL EXAMINER

(County)

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) APRTT.

22c. NAME OF CEMETERY OR CREMATORY

APRIT 22d. LOCATION (City, town, or county) FROSTBURG MD

23. FUNERAL DIRECTOR'S SIGNATURE BYRON KTGHT

ADDRESS CUMBERLAND, MD.

24g. REC'D BY REGISTRAR DATE APR 1 8 '61

ASSISTANT MEDICAL EXAMINER

arthur S. Kraus

24b. REGISTRAR'S SIGNATURE

VS. A15ME(5)

forwarded to the Chief Modi

O DEPUTY MEDICAL EX.

cute the

5M 9/55

	CAL EXAMINER'S	MARCH MEDIC	E.,
and V Bodes	ALL U TEN CHANGE HOSE A		
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1. PLACE OF DEATH

or removal.

VS. A15ME(5) 5M 9/55

LLEGANY	MARYLAND	2. USUAL RESIDENCE (V	Where decease	h COUNTY		
porate limits, write RURAL	c. LENGTH OF STAY IN 16 4 hrs.53 M	c. CITY OR TOWN (I	outside corp	porate limits, write	RURAL ond give r	learest lown)
USTITUTION (IF not in hospital		d. STREET ADDRESS	B. S	treet		e. IS RESIDENCE ON A FARM? YES NO
LEONA.	Middle D	BOCH	4. DATE OF DEATH	APRII	-1	Year 19 61
or or race 7. MARRIE		DATE OF BIRTH 25/54	6	9. AGE (In years lost birthday) 3.5 yrs.	Months Days	IF UNDER 24 HRS
kind of work dane 10b. K length retired)	IND OF BUSINESS OR INDUSTRI	West V:		•	12. CITIZEN O	F WHAT COUNTR
Kenney		14. MOTHER'S MAIDEN I	NAME Daisy	?		

b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL	ond give nearest lown)							
CUMBERLAND 4 hrs.53 Min. LAVALE								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?							
MEMORIAL HOSPITAL 539 B. Street	YES NO							
3. NAME OF First Middle Last 4. DATE Month OF	Day Year							
(Type or print) LEONA D BOCH DEATH APRIL	23 19 61							
	DER TYEAR IF UNDER 24 HRS							
Female White WIDOWED DIVORCED 1/23/24 35 yrs.	s Days Hours Min.							
during thost of working life, every firetired)	CITIZEN OF WHAT COUNTRY							
13. FATHER'S NAME West Virginia	USA							
Wesley O. Kenney 15. Was deceased ever in u. s. armed forces? 16. social security no. 17. Informant Cidress								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no Agrunhown) (If yes, give wor or doles of service)	11. 1. ms							
110 mare of Brazil Experience Sin for (1) (1) and (1)	vace 1110							
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH							
IMMEDIATE CAUSE (o) ACTUOSIS, COMB	12 Hrs.							
Conditions if one which Diabetes Mellitus	9							
gove rise to immediate cause								
(a), stoting the underlying DUETO								
· V	PART 1/-) 10 WAS AUTORSY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	PERFORMED?							
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II af item 18.)	YES NO							
PRIMARY Or CONTRIBUTING CONTRIB								
	County) (Stote)							
Hour o. m. While Not while factory, street, office bldg., etc.)	(500.0)							
	uing Manal Carl Na							
21. I certify that I took charge of the remains described above, held an Autopsy Inspection II, Inquiry ond find that death resulted from: Notural causes I, Accident I, Suicide I, Homicide I, Undetermined cause I.								
decim resolved from: Notatia cooses [1], Accide [1], Moinicide [1], Onderermined coose	□ ·							
ACTUAL SIGNATURE A CHIEF MEDICAL EXAMINER []	DATE SIGNED							
ASSISTANT MEDICAL EXAMINER								
EVANIMENT	3. 1961							
EXAMINER'S Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER April 23								
EVAMINERY								
EXAMINER'S Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER April 23 220. BURIAL, CREMATION, 22b. PATE THEREOF 22c. NAME OF CEMETERY DR. CREMATORY 22d. LOCATION (Cibe town, as count	W. Vanate)							
EXAMINER'S RAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER April 23 220. BURIAL, CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY FOR Ashby 122d. LOCATION (City town, or count The County of County (City town, or count 122d. LOCATION	W Vanate)							

Savellogicals	HEART OF DEATH	MANG MADICEM	r. si
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		Henney	Tombuyad
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	in the winding particles		
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		AND DEED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	00,00
PLACE OF DEATH g. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Allegany	Maryland Allegany
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Frostburg	Midland
d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
or INSTITUTION Miners Hospital	ON A FARM? YES \(\text{NO} \(\text{NO} \)
3. NAME OF First Middle	
DECEASED	_ OF
(Type or print) Amanda Susan	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost birthday) Months Dave House Min
Female White WIDOWED DIVORCED	
10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)	INDUSTRY 11. SIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
none	Braxton Co. W.Va. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sameul M. James	Elizabeth Skidmore
	17. INFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	
the state of the s	Mrs.Clarence McCloud Midland, Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	"Daughter" (- 1/0 INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	J. bullation + Myccordial Lauluse 12 hrs.
260 X DUE TO . (C	
Canditians, if any, which)	mollitus years
gave rise to immediate	
lying cause last.	CV disease al 11 V years
, (c)	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	PERFORMED?
5	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I ar Part II af item 1B.)
	De. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)
Haur a.m. While Nat while at wark at wark	factory, street, affice bldg., etc.)
	9-11 9-11 12 12 12
21. I certify that (I) (this haspital) attended the deceased from	
	nat death accurred at LQM, from the causes and an the date stated above.
22a. SIGNATURE -	ATTENDING MED. STAFF SIGNED
Alower Lines	M.D. PHYS. DIRECTOR PHYS. 1
22c. PHYSICIAN'S NAME (Type) D MILES ID IN T	22d. ADDRESS
NAME (Type) L.R. MILES, JR., M. D	LONACONING MO.
23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State)
REMOVAL (Specify)	who Country to the Co
BUT1AL 4/17/61 LOST Cre 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
George Eichhorn Lonaconi	ng. Md. DATE MAR 1 4 61 Cathur S. Kinus

DEUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. may be retained by the hasp.

TO FUNERAL DIRECTOR: After TO HOSPITAL OR ATTENDIN VR A1S (4) 1SM 9/59

al or attending physician.

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

A A July 15 annual - x - collect circ erophili frederill asus. I fremat Note that the state of the stat THE STATE OF THE PROPERTY OF THE PERSON OF T Arthur Glear chall the Francis the strong of 13/AI/a the Teland term being the second of the contract of the c

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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PLACE OF DEATH	Н			NCE (Where de	ceasad lived, If institution	Residence before admission		
/	CANV	MARYLAND	a. STATE WES	T VIRGII	NIA B. COUNTY NI NE	RAL		
	GANY (if outside corporete limits,	c. LENGTH OF STAY IN 16			orate limits, write RURAL			
writa RURAL and	d give naerest town)				RIDGELEY			
	RLAND,	I DXY	d. STREET ADDRES		TOULELI	IS RESIDENC		
	L HOSPITAL WARWI	CK & MEMBRIAL AVES.	d. STREET ADDRES	5	85×	ON A FARM		
. NAME OF	First	Middle	Last	4. DATE	Month	Day Year		
(Type or print)	MARYK	L.	BORROR	OF DEATH	APRIL	2 1961		
. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	. DATE OF BIRTH	9.	AGE (In years IF UNDE			
FEMALE	WHITE WIDO	/1	JANUARY 18	3-1890	7 yrs. Months	Deys Hours Min.		
De. USUAL OCCUPAT	TION (Give kind of work 1Db	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	unty & Stete, or	foreign country) 12. (CITIZEN OF WHAT COUNTE		
Housewif	orking life, even if refired)	Ownhome	WEST V	IRGINIA	Ridgeley	U. S. A.		
. FATHER'S NAME	C	011222020	14. MOTHER'S MAIDE					
PA	ATRICK DAYTON		AMA	NDA LAR	GENT			
		16. SOCIAL SECURITY NO. 17.	NFORMANT		Address			
	If yes give wer or dates of service)	None	MEMORIAL HO	CDITAL	CUMBERLAND,	MD		
NO I IR. CAUSE OF I	DEATH [Entar only one ceuse p		MEMORIAL HO	SFITAL,	COMPERENT	INTERVAL BETWEEN		
	TH WAS CAUSED BY:	+01.	114	RI	Ci A	ONSET AND DEATH		
IMMEDIATE CAUSE (0) Went Mysel total traped & fulmerary China								
HO DUE TO								
Conditions, if en	y, which) (b)	teron wother He	at linea	4		Venn		
geve rise to immed	DITE TO							
(a), stefing tha u	(c)							
PART II. OTHE		ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVEN IN PA			
						YES NO		
2D- ACCIDING W	AS UNDERLYING TI 206. I	DESCRIBE HOW INJURY OCCURED	/Estan polymer of infrary i	a Part I as Part II	of item 10)	I IES [] NO [E		
OR CONTRIBUTING	G CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury i	n ren I or ren n	o, nem ro.,			
		od, INJURY OCCURRED 2De, PLA	CE OF INJURY (Home, fa	orm, 2Df. (City	or town)	ounty) (State)		
Hour a.m.			tory, street, office bldg., a		(0	(Sidie)		
Zoc. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, Hour a.m. While Not Whila et work et work et work								
21. I certify that (I) (this hospital) attended the deceased from which is, 1964, to Complete the complete that (I) (we) I								
saw the deceased alive on 2, 196, and that death occurred at 230, from the causes and on the date stated about								
22e. SIGNATURE				/		22b. DATI		
101	7 Wern		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	4-3- 6 SIGN		
22c PHYSICIAN'S		~ · · · · · · · · · · · · · · · · · · ·	22d. ADDRESS			2		
CNAME (Type	1	DOERNER	Cugony	me / Hor	tel (umber	lay my		
3a. BURIAL, CREMAT		23c. NAME OF CEMETERY	OR CREMATORY		ATION (City, town or cou			
Buria I Specify		Headsville	Cemetery	Head	sville, W. V	<i>l</i> a		
24 FUNERAL DIRECTO		ADDRESS		REC'D BY REGIST	TRAR 256. REGISTRAR	S SIGNATURE		
		umberland, Md.						
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RESULTS 1 1 STUDENTS

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3740 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. Na 3735

	PLACE OF DEATH a. COUNTY	LLEGANY		MARYLAND	2. USUAL RESIDENCE (Va. STATE MAR	Where deceased YLAND	lived. If institut	,	ce before on EGANY	lmission)
	b. CITY OR TOWN (If a ond give nearest fown) CUMBER		RURAL	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (I	f autside corpore	ate limits, write	RURAL and	give nearest	town)
		L OR INSTITUTION (If nat in hosp	pital, give street address)	d. STREET ADDRESS	NS APAR	TMENT		0	RESIDENCE N A FARM? NO
	NAME OF DECEASED (Type or print)	Fir SA	MUEL	Middle D • BR/	Lost ADLEY	4. DATE OF DEATH	Month A PR I		Doy 6	Year 19 61
	MALE	6. COLOR OR RACE WHITE	7. MARRIE	D NEVER MARRIED 8	EB. 14, 189		AGE (In years last birthday) 5 yrs.	Months D	YEAR IF UN ays Haur	Min.
	FATHER'S NAME	life, even if retired)	dane 10b. K	IND OF BUSINESS OR INDUST	MARY	LAND			S.A.	AT COUNTRY?
15. (Ye	EDWARD 6		service)		ANNA I	LINKSWAL MEN ITAL - C	MOR I Address	WARW I	ICK AV	ENUE
	PART I. DEATH	H [Enter only one could WAS CAUSED BY: MMEDIATE CAUSE (a)		or (a), (b), and (c).] LOBAR PNEUMON	IA				interval Bet ONSET AND 2-3	WEEN DAYS
	Canditions, if an gave rise to immedi (a), stating the urcause last.	ate cause DUE TO		SECONDARY T	O RIGHT HIP	FRACTUR	Ε,		4 (DAYS
CERTIFICATION	PART II. OTHE			NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	LINAL DISEASE C	ONDITION GIV	EN IN PART	I(a) I9. WA PER YES	FORMED?
	20g. EXTERNAL CAUSE PRIMARY gr CON CAUSE OF DEATH.	IKIROTING DE	_	HOW INJURY OCCURRED. (E		rt I ar Part II af	item 18.)			
MEDICAL	9 Hour a.m.	Month, Day, Yes 4/1 196	While	NJURY OCCURRED 200. PLACE TRUE Tave	ary, street, affice bldg., etc	:.)	town)	(Caun	**	(State)
	21. I certify the death resulted		af the r	emains described aba Accident 🗷, Sui			pection X , etermined c		🔀 and	d find that
	ACTUAL SIGNATURE	enedic	+ \$1	letarelie	_M.D. CHIEF MEDICAL E				DAT	ESIGNED
		ENEDICT SK			DEPUTY MEDICAL	EXAMINER 🔀	APRIL		1961	
1	BURIAL CREMATION REMOVAL (Specify)	4/10/61	OF /	22c blame of cemetery or	stor.	1300	on (City, town, o	Store	m	ate)
23.	FUNERAL DIRECTOR'S	Jal-W	est	in hort		R 1 0 '61		MAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	o. COMPLEGANY			MAR	YLAND 2.	a. STATE WE	ST V	IRGIN	Llived. If instituti A b. COUNTY	an: Resider		re admissi	on)
	b. CITY OR TOWN (If ou RURAL and give neare CUMBERLAND	tside carporote limits st town)		LENGTH OF STAY	/ IN 16	c. CITY OR TO		utside corpo	rote limits, write R	URAL ond	give neo	rest tawn)
1	d. NAME OF HOSPITAL OR INSTITUTION SACRED HE	(If not in hospital, give ART HOSPI		ress)		d. STREET AD		ST.	85	5×-	3		DENCE FARM? NO
4	3. NAME OF DECEASED (Type or print)	First EMM		FRANCES	e	Last BREWER	2	4. DATE OF DEATH	APRIL	nth	23	′	eor 9 61
			7. MARRIED	NEVER MARR		EB. 20,	189	8	9. AGE (In years last birthday) 63 yrs.	Months	Days	Hours Hours	R 24 HRS. Min.
	10a. USUAL OCCUPATION (during most of warking HOUSEWIFE	Give kind of work do life, even if retired)		D OF BUSINESS O	OR INDUSTRY		CE (Stote	. 2	iuntry)		S.	WHAT C	OUNTRY?
	13. FATHER'S NAME				1.	4. MOTHER'S N	AAIDEN N	AME		,			
1	ARTHUR	. COOK (D	ECEASE	D)		MAHALI	A (Unknow	m.)				
4	15. WAS DECEASED EVER IN	U. S. ARMED FORCES, give wor or dates of sen	ES? 16. SOC	IAL SECURITY NO). 17. INFOR	MANT			Add	ress			
П	No	9.4 1107 01 00103 01 34		None	Edwar	d L. Br	ewer	116	N. Small	wood	St.	Cuml	o. Md
	1B. CAUSE OF DEATH PART I. DEATH	[Enter anly ane cau WAS CAUSED BY: MEDIATE CAUSE (a)	se per line fo	or (a), (b), and (c)		July	n	-	an			ET AND	
	Conditions, if ony, gove rise to imm cause (o), stoting the lying cause last. PART II. OTHER	ediote (ITIONS CON	TRIBUTING TO DE	EATH BUT NO	r RELATED TO T	t.	NAL DISEASE	CONDITION GIVE	EN IN PAR	RT 1(a) 1'	PERFO	AUTOPSY RMED?
2	20a. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	DICAL EXAMINER)	ЮЬ. DESCRIB	E HOW INJURY C	OCCURRED. (E	nter noture of i	njury in P	ort I or Port	II of item 1B.)				
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. INJUI While at work	Not while of work	20e. PLACE foctory	OF INJURY (Ho , street, office b	ome, farm, oldg., etc.	20f. (City	or town)	(1	Caunty)		(Stote)
	21. I certify that (I saw the deceased 22a) SIGNATURE 22. PHYSICIAN'S BLANE TYPE SIGNATURE	2	~{21	6/	1	ATTENDING PHYS. 22d. ADDRESS	4 ME	D. RECTOR	STAFF PHYS. C	d an the	e date		
2	23a. BURIAL, CREMATION, REMOVAL (Specify) BUT121	23b. DATE THEREOF 4/25/61		awson Ce		EMATORY		23d. LOCAT	n. Md.	or county)		(Stote	•)
	24. FUNERAL DIRECTOR'S SI	GNATURE		ADDRESS		2	5a. REC'E	BY REGIST	RAR 25b. REGI	STRAR'S SI			
	H. Wayne G	eorge C	umber1	and. Md.			DATE AF	R 27 '6	1 1	ilma S.	Than	4.	

TAKEN THE A PHONE OF THE ASSET SWIME IN STREET SACRETURES AND A TOTAL OF THE STATE OF THE S (0004-000) 2004.T. HUHEN. None (Court It Brewell 110 L. Settlewood Dr. Tredt IN ADDRES DE SCALLIQUES, ACT. Aurici s/25/et Damon Cometary Demons, inf. The transference conformation with the second entered the

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 37

I. PLACE OF DEATH	MARYLAND County				
					e edmission
ALLEGANY	MARYLAND	MARYLAN	D COUNT		
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	outside corporata limits, write	RURAL and give neerest t	own)
CUMBERLAND		CUMBERL	AND		
d. WENDER PARTAL HOSSISTER ON (if not in hor	spital, give street eddress)	d. STREET ADDRESS		e. IS	RESIDENCE
		13 GRAND	ABE		
	Middle	Last		Dey Y	100
(Type or print) GEORGE	L.	BROWN	W. P. W. W. C. A. W	18 1	961
. SEX 6. COLOR OR RACE 7. MARRII	ED Y NEVER MARRIED B.	DATE OF BIRTH			
****		SEPT. 24,188	5 75 yrs.	Months Days Hours	Min.
De. USUAL OCCUPATION (Giva kind of work 10b. K				12. CITIZEN OF WHA	COUNTRY
	Railroad	OHIO -MAR	TINS FERRY	U.S.A.	
. FATHER'S NAME	(W.1.1.1.0 U.U.				
JAMES M. BROWN		ELIZABETH	RINKER		
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II				
TO COMPANY OF THE PARTY OF THE	05-07-9741	MEMORIAL	HOSPITAL C	UMBERLAND. N	n.
			TOO! I'ME		
PART I. DEATH WAS CAUSED BY:		ren		ONSET AN	D DEATH
IMMEDIATE CAUSE (e)	Donne	_		0	acu
DUE TO	as a second	in of	el ance	11.	
	acconon	10	s lo suar	7	
(a), stating the underlying DUE TO					
cause lest. (c)					
				FN IN PART 1(a) 19. WA	
PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	PER	FORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	PER	FORMED?
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				PER	FORMED?
200. ACCIDENT WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURED.	(Enter neture of injury in I	Pert I or Part II of item 18.)	YES	FORMED?
200. ACCIDENT WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURED. INJURY OCCURED 20e. PLA: aNot While	(Enter neture of injury in I	Pert I or Part II of item 18.)	YES	FORMED?
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIPTION 20b. DESCRI	SCRIBE HOW INJURY OCCURED. INJURY OCCURRED 200. PLA a Not While rk et work	(Enter nature of injury in I	Pert I or Part II of item 18.)	YES YES (County)	NO (Stete)
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MEMORIAL & WARWICK AVES., 13 GRAND ASE	(State) (State) (we) la				
20e. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. 19 While two 21. I certify that (I) (this hospital) attents saw the deceased alive on 22e. SIGNATURE	2. SULVAL RESIDENCE (Where decessed lived, If institution, Residence before admission) MARYLAND ALLEGANY MARYLAND C. CUTY OR TOWN (If outside corporate limits, write RURAL and give neerest town) CUMBERLAND d. STREET ADDRESS SPHAPEN (If not in heapital, give street eddress) ACE (IR years III FUNDER 24 HRS.) First GEORGE L. BROWN DEATH DEATH DEATH DEATH DEATH DEATH APRIL 18 19 61 19 61 19 61 19 61 10 61				
ALLEGANY CUTOR TOWN If outlide corporate limits, collected to the composite limits, collected to the colle	(State) (State) (We) lad above 22b. DATE SIGNE				
20e. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attentions aw the deceased alive on 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) CLAY E. DURRET	INJURY OCCURRED 200. PLATE STATE STA	CE OF INJURY (Home, fermory, street, office bldg., etc.) death occurred to bldg. ATTENDING PHYS. 22d. ADDRESS 236 VIR	Pert I or Part II of item 1B.) 20f. (City or town) 19 6 t	(County) (County) And on the date sta	(Stete) (Stete) (We) lated above 2b, DATE SIGNE
20e. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attentions aw the deceased alive on	INJURY OCCURRED 200. PLATE STATE STA	CE OF INJURY (Home, fermory, street, office bldg., etc.) death occurred to bldg. ATTENDING PHYS. 22d. ADDRESS 236 VIR	Pert I or Part II of item 1B.) 20f. (City or town) 19 6 t	(County) (County) And on the date sta	(Stete) (Stete) (We) lated above 2b, DATE SIGNE
20e. ACCIDENT WAS UNDERLYING 20b. DESTRUCTION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 21. I certify that (I) (this hospital) attents saw the deceased alive on 22e. SIGNATURE 22e. PHYSICIAN'S NAME (Type) CLAY E. DURRET 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial Apr.21, 196	INJURY OCCURRED 200. PLAN a Not While et work det the deceased from and that will be a seen and that will be a seen and the seen and th	death occurred to the physical	20f. (City or town) 19 6 to fee 18.) 20f. (City or town) 20f. (City or town)	(County) (County) (County) And on the date stand on the date st	(Stete) (Stete) (We) lated above 2b, DATE SIGNE

TO HOSPITAL OR ATTACHMENT PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be referred by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

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JANES M. PROMI

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3743 CERTIFICATE OF DEATH

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Alan.	Dasidonas	hofore e	dmission

ALLEGANY MARYLAND b. CITY OR TOWN If Guilde composite limits, write RURAL and give nearest lown) CUMBERLAND, d. NAME OF MOSPITAL OR BELIEVE A TOWN IN CHARGE CONTROLL WARM TO STAY IN 16 CUMBERLAND, d. NAME OF MOSPITAL OR BELIEVE A TOWN IN CHARGE CONTROLL WARM TO STAY IN 16 MEMORIAL HOSPITAL S. SEX BOOK AND A STREET ADDRESS MIDDLE STAY OF STAY IN 16 Lan 4. DRTE Month Dry Yest ON AND THE CONTROLL WARM TO STAY IN 16 Lan 4. DRTE MONTH DRY YES ON AND THE CONTROLL WARM TO STAY IN 16 Lan 4. DRTE MONTH DRY NOT THE CONTROLL WARM TO STAY IN 16 Lan 4. DRTE MONTH DRY YES ON AND THE CONTROLL WARM TO STAY IN 16 Lan 4. DRTE MONTH DRY NOT THE CONTROLL WARM TO STAY IN 16 Lan 4. DRTE MONTH DRY NOT THE CONTROLL WAS AND THE CONTROLL WARM TO STAY IN 16 Lan 4. DRTE MONTH DRY NOT THE CONTROLL WAS AND THE		1. PLACE OF DEAT	H		· · · · · · · · · · · · · · · · · · ·			CE (Where dece			ence before edmission)
CUMBERLAND, d. NAME OF HOSPITAL OR INCHIDENCE AND TO BE ANALYTICKE'S WARNITCKE'S WARNITCK	X	a. COUNT	ALLEGA	NY	MARYLAND	a. STATE	MARYL	AND	b. COUNT	ALLE	EGANY
CUMBERLAND, d. NAME OF HOSPITAL OR NEWHOLD WORK WARNICKE AVES. MEMORIKAL HOSPITAL J. NAME OF DECERBED HOWARD M. BURNS DEATH APRIL J. DATE DECERBED HOWARD M. BURNS DEATH APRIL J. DATE DECERBED HOWARD M. BURNS DEATH HOWARD M. BURNS DEATH J. DATE DECERBED HOWARD M. BURNS DEATH J. DATE DECERBED HOWARD M. BURNS DEATH J. APRIL J. DATE APRIL J. DATE APRIL J. DATE APRIL J. DATE Month DEATH HOWARD M. BURNS DEATH J. DATE Month				ts,	c. LENGTH OF STAY IN 16	c. CITY	OR TOWN	If outside corpore	te limits, write	RURAL end give	e neerest town)
MEMORIKAL HOSPITAL 3. NAME OF PIRET Modele Last PORCEASED (Type opinish) M. BURNS BURNS	ð	CUMBERLA	AND,			07	CUMBE	RLAND,			
MEMORIKAL HOSPITAL 3. NAME OF PIRET Modele Last PORCEASED (Type opinish) M. BURNS BURNS	5	d. NAME OF HOSE	PITAL OR INSTITUTION	if not in hosp	THUTTO KEET A VES	d. STREE	T ADDRESS				e. IS RESIDENCE ON A FARM?
DECERSED (Types or print) S. SEX 6. COLOR OR RACE 7. MARRIED 18. DATE OF BIRTH 7. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (In years) FUNDER 1 YEAR IF UNDER 2 YEAR				- 0	,		920 E	BEDFORD S	TREET		
S. SXX S. COLOR OR RACE MARRIED NO. OR DEPART NARRIED NARR			First		Middle	Last			Month	De	y Yeer
MALE WHITE WIDOWED DIVORCED 12-26-1880 80 80 97 1 Months Days Hours Note to Usual Coccupation (Give lind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY MARY LAND U. S. A. MACH 11. MATTER'S NAME JACOB BURNS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address MEMORIAL HOSPITAL - CUMBERLAND, MD. 16. CAUSE OF DEATH (Enter only one counts per line for (e), (b), and (c).) PART IDEATH WAS CAUSE BY. DUE TO Condition. If any, which gave its to limedifies cause (e), sheling the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOCOUNTRY WAS UNDERLYING (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOCOUNTRY WAS UNDERLYING (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOCOUNTRY WAS UNDERLYING (c). 200. ACCIDENT WAS UNDERLYING WHITE WAS AUTOCOUNTRY WAS UNDERLYING WHITE WORK WAS UNDERLYING WHITE WAS AUTOCOUNTRY WAS UNDERLY WAS UNDERLY WAS UNDERLY WAS AUTOCOUNTRY WAS UNDERLY WAS AU			HOWAF	PD O	M.	BUP	RNS		APRIL		7 19 61
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MARYLAND U. S. A. MARYLAND MEMORIAL HCSPITAL - CUMBERLAND, MD. MEMORIAL HCSPITAL - CUMBERLAND, MD. MARYLAND MARYLAND MARYLAND MEMORIAL HCSPITAL - CUMBERLAND, MD. MARYLAND MEMORIAL HCSPITAL - CUMBERLAND, MD. MARYLAND MARYLAND	Н	MALE	WHITE	WIDOWED	DIVORCED	12-26-	-1880	80	04/	Months Deys	Hours Min.
Machinist Colanese Corp. Maryland Maryland Maryland Mary Gaver Mary Ga		10e. USUAL OCCUPA	TION (Give kind of work	10b. KIN	ND OF BUSINESS OR INDUST	RY 11. BIRTHP	LACE (Cou	nty & State, or for	eign country)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME JACOB BURNS JACOB BU					anaga Cama	MARYL	AND			U.	S. A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT MEMORIAL HCSPITAL - CUMBERLAND, MD. 18. CAUSE OF DEATH [enter only one ceuse per line for [e], [b], and [e].] 18. CAUSE OF DEATH [enter only one ceuse per line for [e], [b], and [e].] 18. CAUSE OF DEATH (enter only one ceuse per line for [e], [b], and [e].] 19. WAS AUTO OF THE COLON INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH WAS CAUSE BY CONSTAND DEATH ONSET AND DEA					anese corp.	14. MOTHER	R'S MAIDEN	NAME			
IS. WAS DECEASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WE MORIAL HCSPITAL - CUMBERLAND, MD. 18. CAUSE OF DEATH [enter only one cause per line for [e], [b], and [e].] PART DEATH WAS CAUSE BY. DUE TO Condition: if eny, which gave rise to immediate cause (e), setting the underlying cause lest. Condition: if eny, which gave rise to immediate cause (e), setting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[e] 19. WAS AUTO BEFORM YES NO OR CONTRIBUTING COLORED CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[e] 19. WAS AUTO BEFORM YES NO OR CONTRIBUTING COLORED CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[e] 19. WAS AUTO BEFORM YES NO OR CONTRIBUTING COLORED CONTRIBUTION COLORED CONTRIBUTION COLORED CONTRIBUTION COLORED CONTRIBUTION COLORED CONTRIBUTION COLORED CONTRIBUTION COLORED COLORED CONTRIBUTION COLORED COLORED CONTRIBUTION COLORED COLORED CONT		JACOB E	BURNS			MARY	GAVER				
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), 15, and (c).] PART IDEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Condition. If eny, which gave rise to immediate cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)) 19. WAS AUTOF PERFORMING COURSE (e), being the underlying (c) DUE TO CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)) 19. WAS AUTOF PERFORMING COUNTRIBUTION CONTRIBUTION COUNTRIBUTION		15. WAS DECEASED E	VER IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	r		Address	1111111	
PART DEATH WAS CAUSED BY: Sample Condition Cond		NO no, or unkown)	(If yes give wer or detes of s	O7 /	1 05 03/15	ME MOR I	AL HO	SPITAL -	CUMBER	RLAND, N	4D.
DART DEATH MAS CAUSE (e): OBSTRUCTION OF THE COLON Condition if eny, which gave rise to immediate cause (e), stelling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORMING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORMING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORMING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORMING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORMING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORMING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORMING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTION COUNTRIBUTION COUNTRIBUTING COUNTRIBUTION COUNTR		18. CAUSE OF	DEATH [Enter only one	ceuse per lin	ne for (e), (b), and (c).]						NTERVAL BETWEEN
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20c. TIME OF INJURY Hour a.m. p.m. 19 et work et work 195.9, to	ø	Z PART II. OTH	ER SIGNIFICANT CONDI	TIONS CONT	TRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART 1(e)	
20c. TIME OF INJURY Hour a.m. p.m. 19 et work et work 195.9, to) I V									and the state of
20c. TIME OF INJURY Hour a.m. p.m. 19 et work et work 195.9, to		20e. ACCIDENT		20b. DESC	RIBE HOW INJURY OCCURE	o. (Enter nature	of injury in	Part I or Pert II of	item 18.)		- 7
21. I certify that (I) (this hospital) attended the deceased from 195.7, to		OR CONTRIBUTION									
21. I certify that (I) (this hospital) attended the deceased from 195.7, to		ZOc. TIME OF IN.	JURY Month, Day, Ye	er 20d. Il					lown)	(County)	(State)
21. I certify that (I) (this hospital) attended the deceased from 195.7, to		Hour a.m.			The state of the s	fory, street, offi	ce bldg., etc)			
22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) DR. S. G. WEISMAN 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) Aprill0,1961 Sunset Memorial Park Cumberland, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	9	-				_		1954 to	Chil	7 1061	that (I) (we) las
22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) DR. S. G. WEISMAN 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) Aprill0,1961 Sunset Memorial Park Cumberland, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	8	can the deep	ared alive on	h &	7 10/s / and the	8:50 F	M.	M from t	ha causes a	and on the	date stated above
ATTENDING DIRECTOR PHYS. 4/5/8 22c. PHYSICIAN'S NAME (Type) DR. S. G. WEISMAN 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) Aprill0,1961 Sunset Memorial Park 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ATTENDING DIRECTOR PHYS. 4/5/8 22d. ADDRESS 59 GREENE ST., CUMBERLAND, MD. 23d. LOCATION (City, town or county) (Stete) Cumberland, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					// and ma	dealli occi	0100 01		110 000000	and on me	22b. DATE
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Burial Aprillo, 1961 Sunset Memorial Park Cumberland, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	0	23e. BURIAL, CREMA	TION, 236. DATE THE	REOF	23c. NAME OF CEMETERY						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	8	Burial (Specif	y)		Sunset Memo	rial Pa	rk	Char	nherlan	d. Md.	
Down W. 1. App 1 0 '61 Only S. Kraus	1	24 FUNERAL DIRECTO					- The same of the		R 25b. REG	ISTRAR'S SIGN	
Byron Kight Cumberland, Md. DATE APR 10 01	9	Byron	Kight	Cu	mberland. Md.		DATE	APR 1 0 '61	0	britum S. +	track

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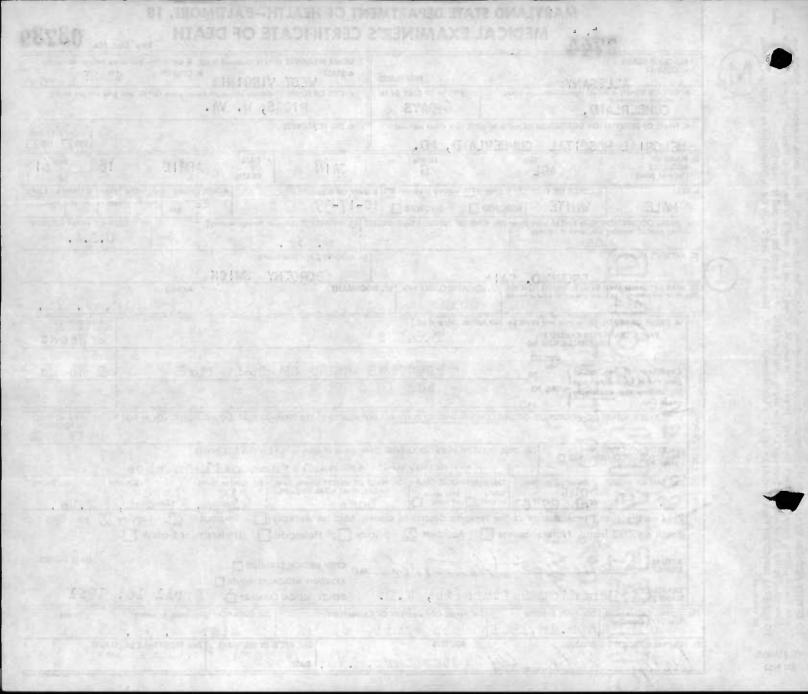
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3745

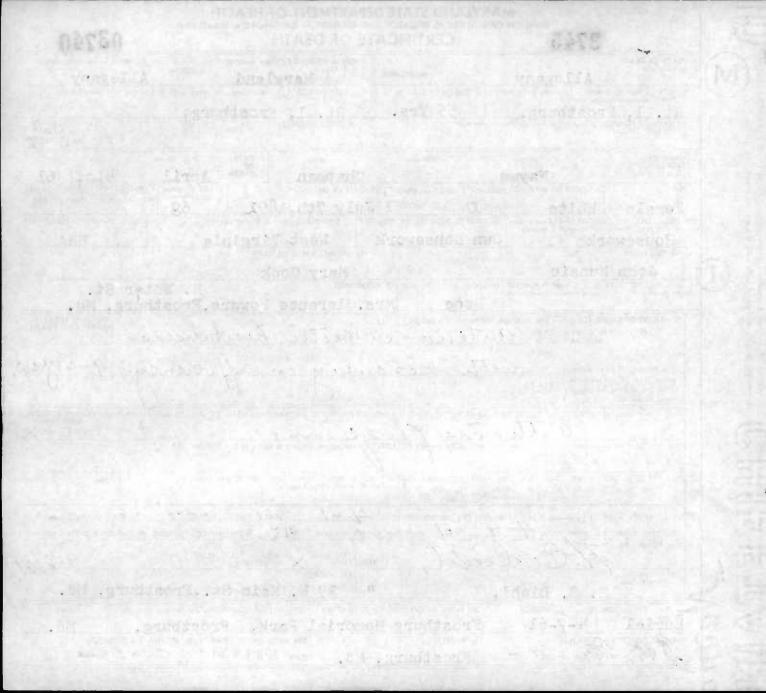
03740

PLACE OF DEATH a. COUNTY	Allegan	y	MARYLAN	1 0	STATE	(Where decease	b. COUNT	V	e before od egany	
RURAL and give			55 Yrs.	- 1			orate limits, write	RURAL and g	jive nearest	town)
d. NAME OF HOSP OR INSTITUTION	Frostburg ITAL (If not in hospital, g	ive street addre	ess)		Rt. I.	Frost	burg,		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Ma	yme	Middle		lost na pman	4. DATE OF DEATH			4th.	Year 161
-				_		7 0 0 10	lost birthdoy)	Months		
Oo. USUAL OCCUPAT	ION (Give kind of work	dane 10b. KIND	_						ZEN OF WH	AT COUNT
			Housewor	rk	West	Virgi:	nia		U	SA
3. FATHER'S NAME				14.	MOTHER'S MAID	EN NAME				
						ook				
Yes, no, or unknown)		ervice)				-				
				Mrs.	Clarenc	e Powe	rs, Fros	tburg	, Md	
lying couse lost	the <u>under-</u> DUE TO)			0	1	7	0		0
PART II. O	THER SIGNIFICANT CON	lund	RIBUTING TO DEATH	BUT NOT	RELATED TO THE T	ERMINAL DISEA	se condition g	IVEN IN PART	PE	REFORMED?
200. ACCIDENT WORK CONTRIBUTION	G CAUSE OF DEATH	20b. DESCRIBE	HOW IN HORY OCCI	URRED (Ent	er noture of injur	y in Port I ar Po	rt II of item 1B.)			
	. 10	While	Nat while				ty ar town)	(0	County)	(Sto
) attended			accurred at					
22o. SIGNATURE	He.	Die	lel,	M.D.	ATTENDING PHYS.					22b, DATE 4/SIGN
22c. PHYSICIAN'S NAME (Type)			,			W . d	O.A. Time	anda la anna	- M	2
DECEASED DECEASED	(Stote) Md.									
24. FUNERAL DIRECTO	R'S SIGNATURE					REC'D BY REGIS	STRAR 256. REC	SISTRAR'S SIC		
+ 11.	Licerat		Frosthur	o M	DATE	APRIU	01	intimed &	. Thrank	

may be revained by the haspit, cattending physician.

TO FUNERAL DIRECTOR: After the sensitive that been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the Stote Baard at Health prior to buriol, cremation, ar removol, and in any event, within 72 hours ofter death. SICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO HOSPITAL OR ATTENDING

VR A1S (4) 15M 9/59



O HOSPITAL OR ATTEN IG PHYSICIAN: The law require	. Page 4 may be r	O FUNERAL DIRECTOR: After this certificate has been signed b	in the property of the house of the hirist-transit non
TEN	retair 5 by	OR: After	he detache
PHYSICIAN:	the hospital or	this certificate !	of for use as the
The law re	affending p	has been sig	hirial-franch
equire	physic	ined b	eit mar

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	DIVISION O	M F STATISTICAL F	ARYL	AND STATE	DEP	ARTMENT C	ON ST	EALTH REST. BALT	IMORE 1	MARY	AND
	- /-	3746		CERTIFIC	ATE	OF DEAT		NEET, DAL	MOKE .	0	3741
1.	PLACE OF DEAT						DENCE	(Where deceased		itution: Resid	ence before edmission)
		ALLEGANY		MARY	LAND	. STATE	YORK		b. COUNTY		
	b. CITY OR TOWN write RURAL on	(if outside corporete limits d give neerest town)	5,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	WN (If o	utside corporete l	imits, write RI	JRAL end giv	e neerest town)
		ND neerest town)		3 DAYS	2217			LONG ISL	AND		
	MEMORIAL	IMEDIAIOUS LY	And is por	arwick' av	es.	d. STREET ADD	LL	AVENUE	6	TX-	o. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	MARY		,Middle	CH	HR I ST OPHER		OF DEATH	Month APRIL	De 1	y Yeer 19 61
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE	D B.	. DATE OF BIRTH		9. AGE			
	FEMALE	WHITE	WIDOWE	DIVORCE		10-8-1885		75	Atz.	onths Deys	Hours Min.
100 de	o. USUAL OCCUPA	TION (Give kind of work	10b. KI	ND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE	(County	& State, or foreign	n country)	12. CITIZEN	OF WHAT COUNTRY?
	Houseke		"	At Home		WEST 14. MOTHER'S MA	VIR IDEN NA	GINIA		U. S	6. A.
	SIDNEY	KOEDNED				CHEANC	DI	115			
15	WAS DECEASED E	VER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. I		• DL	UL	Address		
(Y		(If yes give weror detes of se	rvice)			MEMORIAL	HOC	DITAL	CHAREE	LAND	MD
-		DEATH [Enter only one	ceuse per li	ne for (e), (b), and (e	:}.]	PILMOR TAL	поз	LITAL -	COMBER	11	NTERVAL BETWEEN
	PART I. DEA			Popol	1	(20 m. 0.	-	(000. 1	0.1-		ONSET AND DEATH
	41-22	0		Concha		C dance	w-	Cit Cite			7 Days
	Conditions if an			Con lower	L	I Carl		(kg. 0.		A	(00000
	gave rise to immed	diete ceuse		COL TOWN	1	- Vaca			~ · ·		Jun 3
		underlying		. ,	4						0
z		10/	IONS CON	TRIBUTING TO DEAT	H BUT NO	T RELATED TO THE T	ERMINA	L DISEASE COND	TION GIVEN	IN PART 1(e)	19. WAS AUTOPSY
ATIO	THE REAL PROPERTY.			The state of	_						
IFIC,	20e. ACCIDENT W	AS UNDERLYING TO 1	20b. DES	CRIBE HOW INJURY	O CCURED.	. (Enter neture of inju	ry in Per	t I or Pert II of ite	m 1B.)		
CERT	OR CONTRIBUTING	CAUSE OF DEATH	1544 c.								
		1	r 20d. 1	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home	e, ferm, !	2Df. (City or to	wn)	(County)	(State)
EDIC	Hour e.m.				fect	ory, street, office bldg)., etc.)				
2	1.00				1 6	au	10	54 . 1	10.0	10/0/	4h-4 (1) () last
agin .	The state of the s						40 P	Mar. 10			.,,,,,
		ased alive on		719. \@ , 3	nd that	death occured	ar:	.7vi, Trom the	causes an	a on the	-
	de la	11. 1	1.4	1	**	ATTENDING					SIGNED
3. NAME OF DEATH STORY AND DEATH APRIL 19 61 3. NAME OF DEATH APRIL 19 61 4. DATE OF BIRTH APRIL 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10—8-1885 5. SEX WHITE WIDOWEDY DIVORCED 10—8-1885 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10—8-1885 7. SEX MARRIED NORCED 10—8-1885 9. AGE (in yeers FUNDER 1 VER IF UNDER 2 VER IF U											
	NAME (Type	3. G. O. HIN	ME I WE	IGHT		133 V	IRGI	NIA AVE.	, CUMB	ERLAND	, MD.
23	e. BURIAL, CREMAT	TION, 236. DATE THER			EMETERY (OR CREMATORY		23d. LOCATION	(City, town	or county)	(Stete)
	REMOVAL (Specify)		RoseHill	Ceme	tery		Cumberl	and	Marvl	and
24				ADDRESS		25e	. REC'D	BY REGISTRAR	25b. REGIS	TRAR'S SIGN	ATURE
	Ruth E. S	Silcox Cum	berla	nd Marv	land	DAT	TE AP	1 0 '61	an	in 8. 11	raid
-				J .							

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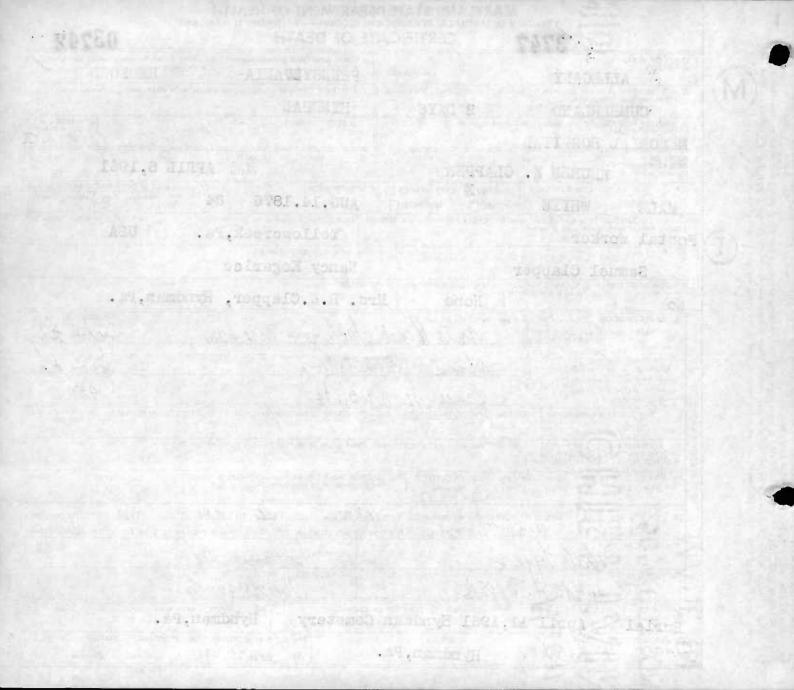
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 747 CERTIFICATE OF DEATH

3747

03742

1.	PLACE OF DEATH a. COUNTY ALTEGANY		MARY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PENNSYEVANIA b. COUNTY BEDFORD							
	b. CITY OR TOWN (If outside carpore RURAL and give nearest town)		c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If o	utside corpo	rote limits, write R	URAL ond g	ive nearest to	own)		
	CUMBERLAND		2 DAYS		HYNDMAN							
	d. NAME OF HOSPITAL (If not in has OR INSTITUTION	pital, give street	address)		d. STREET ADDRESS	94.5	7-1		e. IS F	RESIDENCE		
L	MEMORIAL HOSPI	TAL					151			□ NO □X		
3.	NAME OF DECEASED (Type or print) REUBEN	K. CL.	APPER Middle		Last	4. DATE OF DEATH	APRIL	8,19	61 ^{Poy}	Year		
5.			RIED NEVER MARRIE	D B.	DATE OF BIRTH		9. AGE (In years		1 YEAR IF UN			
	MALE WHIT	E WIDOW	ED DIVORCE		AUG.14.18	76	82 birthday)	Months	Days Hau	rs Min,		
	a. USUAL OCCUPATION (Give kind a during most of working life, even if Postal worker	f work dane 10b. retired)	KIND OF BUSINESS O	R INDUST	Yellowc	_		US	A PROFESTA	T COUNTRY?		
13	. FATHER'S NAME				14. MOTHER'S MAIDEN N							
1	Samuel Ela	pper			Nancy Keg	ar166	9					
	. WAS DECEASED EVER IN U. S. ARMI es, no. or unknown) (If yes, give war or i		SOCIAL SECURITY NO		ORMANT		Add					
L	No		None	Mr	s. R.K.Cla	pper,	Hynama	an, Pa	•			
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	(b) DUE TO (c)	Chronic Caucer of	Ravas Br	Failure				geprot	byus.		
CERTIFICATION	PART II. OTHER SIGNIFICAN	IT CONDITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	/EN IN PART	PER	AS AUTOPSY REORMED?		
		DEATH	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in I	Part I or Por	t II of item 18.)					
MEDICAL	20c. TIME OF INJURY Manth, Do Hour a. m. p. m.	While	NJURY OCCURRED Not while rk ot work		E OF INJURY (Hame, form rry, street, office bldg., etc.		or town)	(C	ounty)	(Stote)		
	21. I certify that (I) (this has saw the deceased alive an	1. 11			ath accurred at LP		//) (we) last ed abave.		
E	22a. SIGNATURE John &	Topper		м	.D. PHYS. DI	ED. RECTOR	STAFF PHYS.			22b. DATE SIGNED		
	22c. PHYSICIAN'S NAME (Type)	A.Topp	RK		22d. ADDRESS	ndm A	N. 8a.					
23	o. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Burial Apri		23c. NAME OF CEMI	etery or	CREMATORY Cemetery	Hyh	tion (City, town, dman, Pa	or caunty)	(S	itate)		
24	FUNERAL DIRECTOR'S SIGNATURE AUTURE)	ler.	ADDRESS Hyndman,	Pa.		APR 1 2		STRAR'S SIC	S. Frans			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 748 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03743

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Allegany Allegany Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Cumber Land Cumberland 44 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? D.O. A. Sacred Heart Hospital 711 Arundel St. YES NO TO NAME OF Middle 4. DATE Month Year DECEASED C. Clark April 61 (Type or print) DEATH Walter 19 9. AGE (In years IFUNDER LYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 1 8. DATE OF BIRTH Months WIDOWED T 1901 Male White DIVORCED T Oct-10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Sir John's Run, Md. Chief Train Dispatcher Railroad TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John William Clark Spring Susan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Walter C. Clark, Cumberland, Md. 705-09-5208 no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) DUE TO CORONARY SCLEROSIS WITH THROMBOSIS, LEFT XXXX Canditions, if any, which gave rise to immediate cause DUE TO (a), stoting the underlying ALSO MYOCARDIAL INFARCTION, LEFT; OLD cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc. a. m. Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 7, Inspection 7, Inquiry 7, and find that Accident , Suicide , Homicide , Undetermined cause . death resulted from: Natural causes DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** APRIL 29. 1961 BENEDICT SKITARELIC. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 2,1961 Rest Lawn Memorial Park Cumberland, Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR James F. Scarpelli, Cumberland, Md. arthur S. Thomas



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MEDICAL EXAMINES CERTIFICATE OF BEATH A PART OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF TH MERCHANIST THE CASE OF THE PROPERTY OF THE PRO THE RESIDENCE OF THE PERSON OF THE PARTY OF OLD : PER . WOT THEATER INTO A TOTAL DELIG The last two in the second is the second of Barrier Service Complete Barrier Barrier Barrier Complete Barrier Barrier Complete Barrier Bar Discount from the Company of the Com THE SECTION SERVICES TO SECURE AND THE SECOND SECTION OF SECURITY SECTION SECT Edition of the country of the countr . Is the second of the second MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3744

CERTIFICATE OF DEATH

1. PLACE OF DEATH
2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE Maryland b. COUNTY Allegany

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	PLACE OF DEAT	H				titution: Rasidanca bafore admission
	a. COUNTY	0.000	MARYLAND	a. STATE Marylan	b. COUNTY	Allegany
	b. CITY OR TOWN	egany (if outside corporate limits,				
	write RURAL an	d giva nearast town)			The state of the s	
	Frostbur		Lifetime	Frostburg		Allegany nits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? YES \ NO \ Month Day Year 19 61
	d. NAME OF HOSP	PITAL OR INSTITUTION (if	not in hospital, give street addrass)	d. STREET ADDRESS		
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	NAME OF	dospital	Middla	93 Broadway	TE Month	The second secon
	DECEASED	11121	Middla	OI		Day rasi
	(Typa or print)	MAUDE	SIMONS	CLOSE	ATH A	14 19 67
	SEX	6. COLOR OR RACE	MARRIED NEVER MARRIED B	DATE OF BIRTH		
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	LISUAL OCCUBA	TION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR			LAC CITIZEN OF WHAT COUNTRY
		orking life, even if retirad		Y 11. BIRTHPLACE (County & Sta	ite, or toreign country)	12. CHIZEN OF WHAT COUNTRY
	Housewi	fe	Own Home	Eckhart, Md	AND A PLANTING	II.S.A.
3,	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		J. D. R.
	1072 7 7 4	D 64		Katharm Ms 174	l ama an	
5	WAS DECEASED	n. Simons	S 114 SOCIAL SECURITY NO. 1 47			
			vice)		Address F	restburg, Md.
	No	None	None Mr.	Alex G. Clos	se. 93 Bro	adway.
1	18. CAUSE OF	DEATH [Entar only one of				INTERVAL BETWEEN
1	PART I. DEA		Brahama Com	(1057)	10, 00 NI	ONSET AND DEATH
1	110	IMMEDIATE CAUSE (a)	Occesion Con	nery correry 1	very and	and 12 de
1	920.	DUE TO	3 2 1	/ / 4	~	-true
1	Conditions, if an	y, which) (b)	Clakening Corn	the Herand	(Rect
ı	gava rise to imma	diate cause		Merre	216-62-6	20 /2 1
ı		undarlying DUE TO			10110	
ı) (c)_	and the company of th		7	4.5.2
ı	PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN	
ı			X			
1	20a. ACCIDENT V	WAS UNDERLYING TI	20b. DESCRIBE HOW INJURY OCCURED	(Entar natura of injury in Part I or	Part II of item 18.)	
	OR CONTRIBUTING	G CAUSE OF DEATH	V			
		C V	\wedge			
,		JURY Month, Day, Year			(City or town)	(County) (State)
		10	TTIME CONTRACTOR OF THE PARTY O	377, 311861, 011186 5109., 410.7		
ı		/ //		31111 106	1. 64/11	
	saw the decea	ased_alive on	19.62., and that	death occured at A. A. M.,	from the causes ar	nd on the date stated abov
						22b, DATE
		11111/11/11	and office in	DINCE TO DIRECTO		SIGNE
	22- BUYSICIAN	· Courter	My Cense sen w	Die Control		7/13/6
			1 0.741773	1.6. 20		
		MITKIN	11. 401612 15-41 B	20 18 44 OF	PN194-1	10 100 CEN 5 - 10
38			OF 23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town	or county) (Stata)
13. MAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (Ilfyasgiva wayor datas of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Entar only one causa par line for (a), (b), and (c).] 18. CAUSE OF DEATH [Entar only one causa par line for (a), (b), and (c).] 19. CAUSE OF DEATH [Entar only one causa par line for (a), (b), and (c).] 19. CAUSE OF DEATH [Entar only one causa par line for (a), (b), and (c).] 19. Cause of Due to Conditions, if any, which gave rise to immediate cause (a), steling the underlying cause last. 19. Cause of the cause of the cause last. 19. Cause of the cause of the cause last. 19. Cause of the cause of the cause last. 19. Cause of the c						
				morial Park	rostourg	
4	FUNERAL DIRECTO	R'S SIGNATURE Haf	er Funeral Home			4 -
10	ulali H.K	Unlesaut 3	E. Main. Frosth	TO ME DATEAPR 1 9	61 Chill	wy S. Thank
_		720				

TO HOSPITAL OR ATTEM OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours adeath. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF 3750

DEATH	Reg. Dist. No.	03745

	PLACE OF DEATH				2. USUAL RE		/here decea	sed lived. If instit)
-	. CITY OR TOWN (IF	egany		MARYLAND	CITY O	Md.	- 111		WII	0	-	-
1	and give nearest town)	utside corporole limits, write	e KUKAL	c. LENGTH OF STAY IN 16	2.0110			porote limits, write	KUKAL ONG	Grae ue	arest town)	
		berland			2 -	-	berl	and				
9	I. NAME OF HOSPITA	L OR INSTITUTION (If not in hos	pital, give street address)	d. STREET	ADDRESS					e. IS RESIDE	RM?
		lams Road				Wil	liam	s Rd.			YES N	0 🔼
	NAME OF DECEASED	Fire	st	Middle	la	at	4. DATE	Mon		Day	Year	
	Type or print)	Robert		J.	Conl	ey	DEATH	Apri	1	17	19 6	1
5. 5	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRT	Н		9. AGE (In years lost birthday)	IF UNDER	-	IF UNDER 24	
-	Male	White	WIDOWE	DIVORCED	Dec. 20	.1894		66 yrs.	Months	Days	Hours Min	١.
10a	. USUAL OCCUPATIO	Give kind of work	done 10b. K	IND OF BUSINESS OR INDU	TRY 11. BIRTHP	LACE (Stote	or foreign	country)	12. CITI	ZEN OF	WHAT COU	NTRY?
	Laborer	ire, even ir retired)	C	onstruction	Cu	mberl	and.	Md.		U.	S. A.	
13.	FATHER'S NAME				14. MOTHER							
	Dobont	Conlos	7		F	loren	ce V	. Willi	ams			
15.	WAS DECEASED EVE	Conley	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	TOLCH		Addres				_
(Yes	The state of the s	If yes, give wor or dates of		4-12-3159 J	ames W	Con	lev		town	Rd.	Cumb	
_	Ves	WW 1			ames n	. 0011	rey	101 014			AL BETWEEN	
		H [Enter only one cau H WAS CAUSED BY:	se per line		OGGT TIC	TON				ONSET	AND DEATH	T
	TAKE III DEATH	MMEDIATE CAUSE (0)		CORONARY	OCCLUS	TON				1	SUDDEI	r.A
	420.1	DUE TO				20070						
	Conditions, if an			CORONARY	SCLE	ROSIS	5					
	gave rise to immedi (o), stating the u											
	couse lost.) (c)								1		
Z	PART II. OTHI	R SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERMI	NALDISEAS	E CONDITION GI	VEN IN PART	1(0) 19	PERFORME	PSY D?
CATE										Y		M
CERTIFICATION	200. EXTERNAL CAU	E WAS 20	b. DESCRIBI	HOW INJURY OCCURRED.	(Enter nature of	injury in Part	1 or Port I	of item 18.)		700	17 34 1	7 1
E E	PRIMARY OF CON	IKIBUTING LI										
3	20c. TIME OF INJUR	Month, Day, Yes	or 20d. I		ACE OF INJURY			y or town)	(Cou	nty)	(SI	tote)
MEDICAL	Hour a.m.	19	While	Not while for	tory, street, offic	e bldg., etc.))					
>	p. m.			remains described ab	ove held a	Autono		nspection X	la avia	. 🖂	6:	A
			_	the state of the s					-	7 4	ana iina	inai
	deoin resulted	rrom: Natural	conses [5	Accident [], Su	licide [,	nomiciae	Ц, ч	ndetermined	cause [•		
	ACTUAL /	? ,'.	4 /	0-1-1)		_	170 - 27			DATE SIGNS	ED
13	SIGNATURE	enedic	14	enarelic	M.D.	MEDICAL EX	_					
10	EXAMINER'S					ANT MEDICA					-1-	
	NAME (Type)	Benedict	Skit	arelic, M.I	DEPUT	Y MEDICAL E	EXAMINER	Apri Apri	1 2	7,]	.961	
220	BURIAL, CREMATION REMOVAL (Specify))F	22c. NAME OF CEMETERY O	R CREMATORY		22d. LOC/	TION (City, town,	or county)		(Stote)	
	Burial	5/1/61			Burial	Park	Cun	berland	d, Md	•		
23.	FUNERAL DIRECTOR'S			ADDRESS			D BY REGIS		ISTRAR'S SIC	NATUR	E	
	H. Wayn	e George	, (1	umberland, 1	la.	DATE M	AY 2	'61 (When S.	theo	LA .	
		1 44										

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THE TANK					
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ROYCE HODGES 23a. 8URIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Buria

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

M.D.

22d. ADDRESS

23d. LOCATION (City, town or county) Cumberland, Maryland

Circlina & Kenne

122 SOUTH CENTRE ST., CUMBERLAND, MD.

(State)

a. IS RESIDENCE ON A FARM?

YES NO X

19 61

IF UNDER 24 HRS.

ONSET AND DEATH

NO

(Stata)

22b. DATE

SIGNED

Yan

Day

24 FUNERAL DIRECTOR'S SIGNATURE Wayne George

22c. PHYSICIAN'S NAME (Type)

> **ADDRESS** Cumberland, Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DIRECTOR

DAMPR 1 4 '61

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VR A15 (4) 15M 9/60

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CENTRE MOSPITAL.

FINALE VEHITE I APRIL II, 1961

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DOMALO RACOCK - E KAY FRANCES PERCHER

MENORIAL MOSPITAL, CHARGELIAND, NO.

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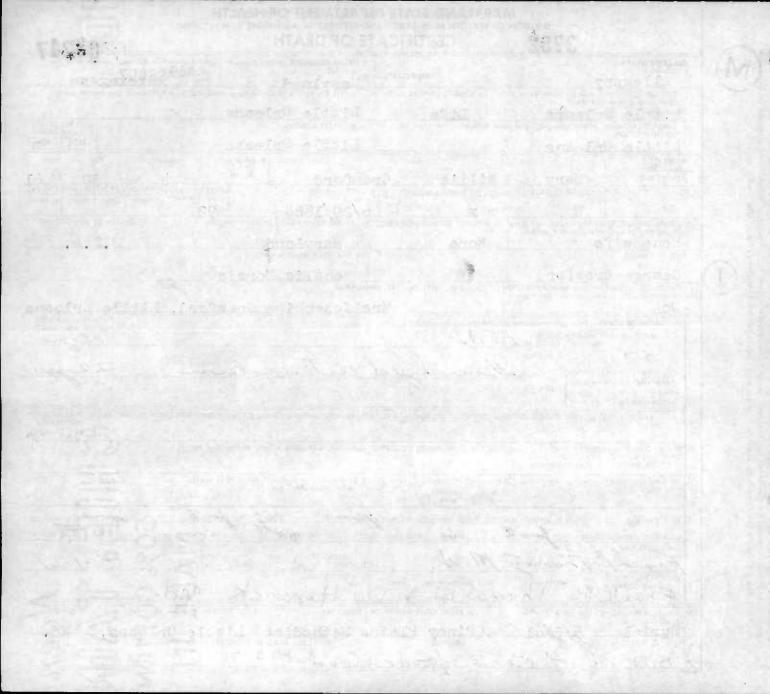
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

7	52	CERTIFICATE OF DEA	ATH

	3752		CERTIFI	CAT	E OF DEAT	Н			037	47
1. PLACE OF DEATH o. COUNTY Alleg			MARYL		usual RESIDENCE o. STATE Maryland		b. COUNTY			ision)
b. CITY OR TOWN	(If outside corporate lin	nits, write	c. LENGTH OF STAY II	N 1b	c. CITY OF TOWN					n)
Little	Orleans		Life		Little (rleans				
OR INSTITUTIO	orleans	give street	address)		d. STREET ADDRES	s Orleans	1		ON	SIDENCE A FARM?
3. NAME OF		irst	Middle		Last	4. DATE	Man	th	Day	Year
(Type or print)	Marv	W	illie	Gra	wford	OF DEATH	1,	8 .05	30	19 6
S. SEX	6. COLOR OR RACE	_	IED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthdoy)		AR IF UND	ER 24 HR
F	W	WIDOWE	DIVORCED	0 6	129/1868	}	92 yrs.	Months Day	ys Haurs	Min.
10a. USUAL OCCUPA	TION (Give kind of work vorking life, even if retire	dane 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (S	tate ar foreign c	auntry)	12. CITIZEN	OF WHAT	COUNTR
Housew		۵)	None		Marvla	ind		U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDE		- 1			
George	Crawford				Mahalia	Morri	e			
IS. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFC		MOLIT	Add	ress		
No	(If yes, give war or dates of	service)		Mass	Josephi	no Cno	wfond	Little	0~7	0.00
	DEATH [Enter only one of	ouse per lir	ne for (a), (b), and (c),1	TVL S	nosebut	He Ura	WI OPU		NTERVAL B	
	DEATH WAS CAUSED BY:	AS	HA						NSET AND	
420	IMMEDIATE CAUSE		2						7	
720	DUE T	9	1 11.	. /	arter	0.	. =		10	
Conditions, if	immediate	b	mercely	nes	and	cocke	ver		~ //	ns
couse (o), stoti	ng the under- DUE T	0	0							
lying couse lo		(c)	CONTRIBUTING TO DEA	THE DUIT NO	OT BELLTED TO THE T	FRANKIAL DISEAS	E CONDITION OF	(ENLIN) DART 1/a	1 10 MAG	ALITORS
PART II. (OTHER SIGNIFICANT CO	NDITIONS <u>C</u>	ONTRIBUTING TO DEA	IH BUI NO	OI RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PART I(O	PERFO	ORMED?
20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING AND CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury	in Part I or Por	t II of item 18.)			
20c. TIME OF INJ Hour a. r	10	ear 20d. If While of wor	_ Not while _	20e. PLAC factor	E OF INJURY (Home, ry, street, affice bldg.,	form, 20f. (City	or town)	(Coun	ity)	(Stot
	that (I) (this haspite	al) attend			an	1959 ta	for 8		that (I)	
saw the dece	eased alive an	~ 0	19 <u>@/</u> , and 1	that dec	ath accurred a	M, fram	the causes ar	d an the do		d abay 2b. DATE
Frenk	Bothom	1	m. U.	M.		MED. DIRECTOR	STAFF PHYS.	5	5-1-	SIGN
22c. PHYSICIAN' NAME (Type		hom	as III V	D	22d. ADDRESS	cock	- Md	4		
23a. BURIAL, CREMA		OF	23c. NAME OF CEME	TERY OR	REMATORY	23d. LOCA	TION (City, town,	ar county)	(Sto	ote)
Burial	5/3/6			ains	OITIO OLD	st Li	ttle Or	leans,	N	ld.
24. FUNERAL DIRECT	OR'S SIGNATURE	01	ADDRESS		2So.	REC'D BY REGIS		STRAR'S SIGNA	TURE	ATT.
HALITA	ud of	XV in	12 Han	1 20	Q man DATE	MAY 5 '6	and	Lun 8 45.		



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		2757		CERTIFIC	CATE	OF DEATH	1		-n3	742	
	PLACE OF DEATH D. COUNTY	llagany		MARYLA		USUAL RESIDENCE (Va. STATE	COLOR S	lived. If institution b. COUNTY			
-	o. CITY OR TOWN (IF	llegany outside corporate limi	ts, write c.	LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (II		ote limits, write RI		egany	
	RURAL and give nec	rest town)		Life	10)					
	HTOS	thurg	ive street oddr			d. STREET ADDRESS	ourg,			e. IS RE	SIDENCE
	OR INSTITUTION	ers Hospi				0 1 0	Main 8	Street		ON	NO Z
3. [NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mani		Day	Year
	Type ar print)	A	lthea	M.		Craze	DEATH	April		8th,	19 61
5. 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. [DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1	-	T .
F	Temale	White	WIDOWED [DIVORCED		ug.18th.	1899	61 yrs.	Months D	ays Hours	Min.
	USUAL OCCUPATION	N (Give kind af work of	dane 10b. KIN	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	te or fareign co	untry)	12. CITIZE	N OF WHAT	COUNTRY
	Housewi	ng life, even if retired	Own	housew	ork	Marv	land		U	SA	
13.	FATHER'S NAME		10 112	1 110 0000 11		4. MOTHER'S MAIDEN					
	Tohm	Wongen			93.9	IInleno					
15	WAS DECEASED EVER	MOTES ARMED FOR	CESS 14 SOC	IAL SECURITY NO.	17. INFO	Unkno	WII	Addr	ess		
		f yes, give war or dates of s			G+-	-1 0	0).	O TO Ma	1 - 0+	Tithe	MA.
_					Sta	nley Cra	ze, 24	8 E. Ma	in St		
		H [Enter only one co	use per line to	or (0), (b), and (c).		1.	-			ONSET AND	
	/ (a l o	H WAS CAUSED BY: IMMEDIATE CAUSE (o)			Wre	mo	r .		3d	•
	4427	DUE TO		Mary Land	10	,	0				
	Conditions, if an)	1/	Vic	phrose	leso	zus .		15	yes
	gove rise to im cause (a), stating t			1	7 1					21	
	lying cause lost.) (c)	()	Terre	rulized	Toxes	ma (90)	29	
O	PART II. OTHI	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN PART	(o) 19. WAS	AUTOPSY ORMED?
CATION	(moun	nonice 6	LLL.	· deshe	ster	vive-C.V.	hierase	= acute la	elmisi.	YES [
	20a. ACCIDENT WAS	UNDERLYING [20b. DESCRIB	E HOW INJUST OCC	CURRED. (Enter noture of injury i	n Port I or Port		1		
CERTIFI	(IF EITHER, NOTIFY A	CAUSE OF DEATH									
CAL	20c. TIME OF INJURY	Month, Day, Yes	or 20d. INJUI	RY OCCURRED 2	0e. PLACE	OF INJURY (Home, fo	rm, 20f. (City	or town)	, (Co	unty)	(State
MEDICAL	Hour a.m.	19	While at wark	Not while	foctor	y, street, office bldg., e	etc.)				
2	p, m,					01-0	1.	41-	-		
	21. I certify that	(I) (this bospital) oftended	the deceosed for	rom	2/27	966. to	7/7	1961	, that (I)	(we) los
	saw the decease	ed alive on	17-	_196., and t	hat dea	th accurred at	M, from	the causes an	d on the	date stote	d abave
	220. SIGNATURE		11	4		ATTENDING	MED.	STAFF		2:	2b. DATE SIGNED
	- Ore	unc 1.	Has	ral	M.D	PHYS.	DIRECTOR [PHYS.		4/	8/6
	22c. PHYSICIAN'S NAME (Type)	T			11	22d. ADDRESS	Machan	10 C+	Fnoet	huma	ьм
		F. T. Ha	rrat	2		26 W.	mechan	ic St.,	TTUS	nar 8	, Ma
23a	BURIAL, CREMATION	N, 23b. DATE THEREC)F 23	c. NAME OF CEMET	ERY OR C	REMATORY	23d. LOCAT	ION (City, tawn, o	or county)	(Sto	ite)
1	Burial (Specify)	4-10-6	I F	rostburg	Men	norial Pa	rk, F	rostbur	g.	I	Id.
	FUNERAL DIRECTOR'S	SIGNATURE	4 - 1	ADDRESS			C'D BY REGIST		STRAR'S SIGN		
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Frostburg, Md.

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buriol, 0 prior files. registrar Your funeral Por 2 with the 3 puo moy Poges 10 bod Poge File Give 18. Gi form along with for burial-tronsit pencil 0 ner's Office ő used Exom should Medi Chief forwarded to the Chief FUNERAL DIRECTOR: DEPUTY cute the 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Allegany MARYLAND Mary Land llegany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negrest lown Cumberland 40 vears Cumber Land d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Pennsylvania Ave. 217 Pennsylvania Ave. NAME OF DATE Middle Month Day Year DECEASED April (Type or print) 13/12 I. Craze DEATH 19 Joseph 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR lost birthday) Months Hours Days White July 1887 WIDOWED [DIVORCED | YTS. during most of working life, even if retired) USA Railroad Midland. Md. Retired-Engineer 14. MOTHER'S MAIDEN NAME Mary Buskirk James Craze

e. IS RESIDENCE ON A FARM? YES NO P 61 5. SEX IF UNDER 24 HRS. Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Joseph Craze, Cumberland, Md. 705-09-2430 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: OCCLUSION CORONARY SUDDEN IMMEDIATE CAUSE (o) DUF TO CORONARY Conditions, if ony, which SCLEROSIS _____ gave rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO M 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) While o. m. Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection [3], Inquiry K. and find that Accident , Suicide , Homicide , Undetermined cause . death resulted from: Natural causes X ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S SKITARELIC. BENEDICT DEPUTY MEDICAL EXAMINER NAME (Type) M.D. 1961 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Apr.20,1961 Hillcrest Burial Park Cumber Land, Md . ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Scarpelli, Cumberland, Md. ather & King DATE APR 2 0 '61

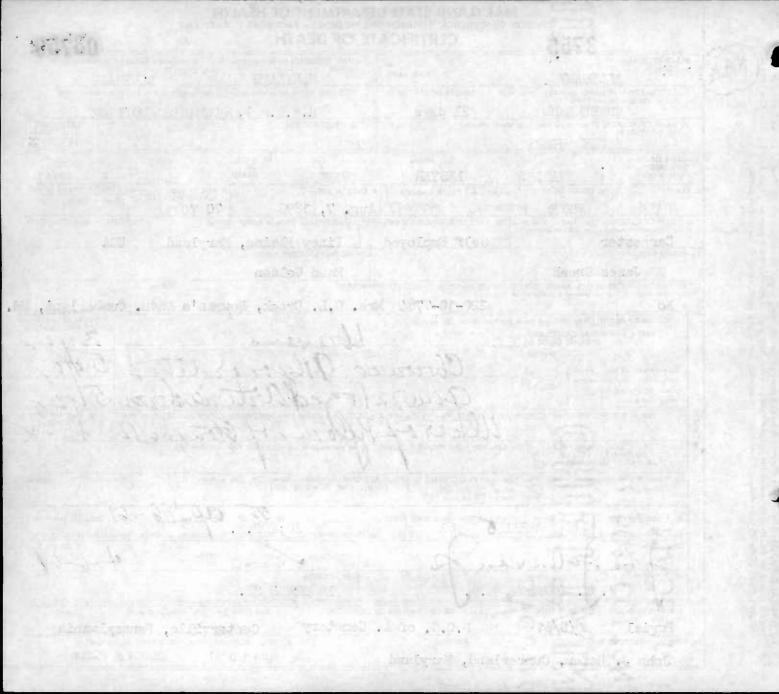
VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		3755	CERTIFIC	CATE	OF DEATH					137	50	
1.	PLACE OF DEATH				JSUAL RESIDENCE (WI	here decease		on: Reside	nce befar	e admiss	ion)	
	o. COUNTY	LEGANY	MARYLA	ND	MARYLAND b. COUNTY ALLEGANY							
		outside corporate limits, v	write c. LENGTH OF STAY IN	116	CITY OR TOWN (If	outside corpo	prote limits, write R	URAL ond	give nea	rest tawn)	
	RURAL and give ne	IMBERIAND	21 days		R.F.D	.# T.	BOWMAN'S	ADDT	TOT	T	78.5	
	d. NAME OF HOSPIT	AL (If nat in haspital, give			d. STREET ADDRESS	-11	DOMIZET D	1001		e. IS RES	IDENCE FARM?	
, 1	OR INSTITUTION	CRED HEART									NO 🍱	
3.	NAME OF DECEASED	First	Middle		Last	4. DATE	Mon	ıth	Da	у ,	Year	
	(Type or print)	CHARLES	LESTER		CREEK	OF DEATH)1		5		1961	
S. :	SEX		MARRIED NEVER MARRIED	B. D/	TE OF BIRTH		9. AGE (In years		-	IF UNDE	R 24 HRS.	
	MATE	WHITE W	DIVORCED [Au	g. 7. 1890		70 % yrs.	Months	Days	Haurs	Min.	
10c	. USUAL OCCUPATION	ON (Give kind of work done	e 10b. KIND OF BUSINESS OR	INDUSTRY	0.1	or foreign o	country)	12. CI1	IZEN OF	WHATC	OUNTRY?	
	Carpente	ing life, even if retired)	Self Employ	he	Piney Pla	ains.	Marwland		TISA			
13.	FATHER'S NAME		Join Mapley		. MOTHER'S MAIDEN		Tank J. Lucate		CLIAL			
П	Jame	s Creek			Maud Gold	den						
		R IN U. S. ARMED FORCES		17. INFOR	MANT		Add	ress				
(10	s, no, or unknown)	(If yes, give war or dates of servic	220-10-7764	Mrs	. C.L. Cre	ek. Bo	wman's A	ddn.	Cumb	erla	nd. M	
F		TH [Enter only one couse	per line for (o), (b), and (c).]		1 .	-			LINTE	RVAL BE	TWEEN	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)			Drive	- cc			ON	EI AND	DEATH	
	422.		00	~	(h.)				6	-1		
Ž,	Conditions, if o		Ch57.07	2000	o Value	AT A	3 del	P	0	Aff	5	
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	lying couse lost.	(c)_	quel	2al	13Rall	UZL	valance	27 MZ	10	VI	7	
NO O	PART II. OTH	IER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY RMED?	
CATI			Weer	1-Ki	Blozer	时	Threes	a 1.	2	Y'S 🗆	NO D	
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING 201	b. DESCRIBE HOW INJURY OC	URRED. (É	er noture af injury in	Part or Pa	rt II of item 18.)		1111			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	1	V		1						
MEDICAL		Y Month, Doy, Year			OF INJURY (Home, for street, office bldg., et		y or town)		(County)		(Stote)	
MED	Hour o.m.	19	While Not while of work at work	100.017	Theory office brage,		,					
	21. I certify the	t (1) (this hospital) o	attended the deceased fr	ram	19	55 ta	afril	6. 19	6/ 11	at (1) (we) last	
	saw the deceas	· ADD.	T. A 67		h accurred at 0;	20P M	the causes ar					
	22a SIGNATURE	0							1		b. DATE	
	110	Johns	an A	M.D.	M.D. PHYS. MED. STAFF PHYS. SIGNE						6	
	22c. PHYSTCIAN'S NAME (Type)				22d. ADDRESS							
		J. J. JOHNSON	N, M.D.		16 GREE	N ST.						
230	BURIAL, CREMATIC		23c. NAME OF CEMET	ERY OR CR	EMATORY	23d. LOCA	TION (City, town,	or county)		(Sto	le)	
	Burial	4/8/61	P.O.S. of	A. C	emetery	Cen	terville,				a	
24.	FUNERAL DIRECTOR		ADDRESS		25a. REC	D BY REGIS	114	ISTRAR'S S				
	John J.	Hafer, Cumb	erland, Marylan	nd	DATE	APR 1	0 '61	arthur	S. 72	saus		



				TATE DEPARTME L EXAMINER'S					Dist. No	.03	751
1.	PLACE OF DEATH	egany		MARYLAND	2. USUAL RESIDENCE (V		ed lived. If institu b. COUNT	Y	dence bef		ssian)
	and give nearest town)	outside corporate timits, write to Cumberland		c. LENGTH OF STAY IN 16 5 Min.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Matawan						
C		EDHEART HOS	-	cumb Md	d. STREET ADDRESS 9 Founta	in Ave	nue 6	7×	-3	ON	SIDENCE A FARM?
.(NAME OF DECEASED (Type or print)	ROBERT First		Middle JAMES	DEITZ	4. DATE OF DEATH	April 2	9,	Day		ear 9 61
5. \$	Male	White	WIDOWED		February 2,	1940	9. AGE (In years last birthday) 21 yrs.	Months	R TYEAR Days	Hours	Min.
0	uring most of working Stude	life, even if retired)		omac State Col						WHAT ISA	COUNTRY?
		old G. Deit			Vincena		У				
		R IN U. S. ARMED FORC (If you, give wor or dates of se 1958 201959	rvice)		o. Deitz, (Br	other)	Address Matawan	. N.	J.		
	PART I. DEATH	H [Enter only one couse I WAS CAUSED BY: MMEDIATE CAUSE (a)		or (a), (b), and (c).] RACRANTAL HEMO	RRHAGE; MACE	RATION	OF BRAI	N	INTER	AND DEA	TH
	Conditions, if on gove rise to immedi (o), stating the u	ate cause	S	KULL FRACTURE					5	Min	
CATION		ER SIGNIFICANT CONDI		NTRIBUTING TO DEATH BUT N				EN IN PA		PERFO	AUTOPSY RMED? NO 1
L CERTIF	20g. EXTERNAL CAUSE OF DEATH.		нав р		to which str	uck ro	ock cliff	•			
MEDICA	Hour P. mAT	Month, 1961 0ril 29 1961	20d. It While at war	Not while facto	E OF INJURY (Home, farm ry, street, affice bldg., etc.)	or town) Cumberl	Direct O	All	eg. J	(Stote)
		ot I took chorge of from: Notural co		Accident . Suid		y 🔲, In	spection ,	Inqui			find that

200. EXTER PRIMARY CAUSE OF 20c. TIME Hou 7:30 21. I ce deoth r DATE SIGNED

Benedict Skitarelie ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

(State)

EXAMINER'S NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER APTIL 29 1961 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Old Tennent Cemetery Burial Englishtown, New Jersey 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR arthur S. Kroas John J. Hafer, Cumberland, Maryland DATEMAY 1

VS. A15ME(5) 5M 9/55

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e fu		<u> </u>	Lonaco:	HILIIB AL (If nat in haspital, gi	ve street address)			Lonace	oning			a IS PI	SIDENCE
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1 p		3.	NAME OF DECEASED	First		Middle	-	Last	4. DATE OF	Mon		Day	Year
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		5. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF B	IRTH		9. AGE (In years lost birthdoy)	Months Do	_	1
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be n air		13.	FATHER'S NAME	4.544			14. MOTHE	R'S MAIDEN	NAME				
ate icial ithir			J	ames A.Du	nn				Jenni	e Evans			
tific nov nt, w				IN U. S. ARMED FORC		SECURITY NO. 17.	INFORMANT			Addi	ress		
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ndi ndi nny			18. CAUSE OF DEAT	TH [Enter only one cau	se per line for (o	*	"Sist		0 (00	laset		INTERVELLE	EWBW.
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AN: ndin cate		CERTIF	OR CONTRIBUTING	CAUSE OF DEATH		-	tes (emoi more)						
ICI/			20c. TIME OF INJURY		r 20d. INJURY C	CCUPPED 20e	PLACE OF INJUR	PY /Home for	m 20f (City	or town)	(Cour	meul	(Stote)
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ar to		×	p. m.	19		work	1 -		,	.///			
dsp asp ffer prid			21. I certify that	(I) (this hospital)	attended the	e deceased fram	1/28	1	seta_	4/6	1961	, that (I)	(we) last
S. A.			saw the decease	ed alive an3	14-1	96/ and that	death accur	red at	-M, fram	the causes an	d an the d	ate state	d abave.
det He			220. SIGNATURE	1	21	. \	ATTENE	ING A	AED	STAFF		2	2b. DATE SIGNED
REC be		-3	- Ora	auce 1.	year	ras	M.D. PHYS.		MED. DIRECTOR	STAFF PHYS.		1	
AL DI AL DI nould Board	-		22c. PHYSICIAN'S NAME (Type)		- 11	7	22d. AD	DRESS	ma	cham	. 96.	tust	time
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HOSP hay be FUNE age 3	al	23a	BURIAL, CREMATION	V, 23b. DATE THEREO	200.1	NAME OF CEMETERY				TION (City, town,			ote)
O HOSPIT may be r O FUNER, page 3 st the State	13		Burial	4/9/6	l La	aurel Hi	11 Ceme	etery	I	Moscow,	Ma	ryla	na.
77	4	24.	FUNERAL DIRECTOR'S	SIGNATURE	A	DDRESS	11 33		D BY REGIS		STRAR'S SIGN		
VR A1S (4)		1	George	Eichhorn	T.O.	naconing	Md.	DATES	R 1 0 '6	1 an	Elwa S. Ta	south	

VR 15M 9/59

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TO HOSPITAL OR ATTENDING

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

3756 CERTIFICATE OF DEATH a section perspective (Where departed lived of institution; Residence before admission)

	13	7	5	3
_	T distant	_	300	

d. COUNTY Allegany MARYLAND	o. STATE Maryland Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) Midland 39yrs	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Midland
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION Paradise Street	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JOHN ANDREW EISEN	TROUT 4. DATE Month Day Year OF DEATH 4/1/1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 78 yrs. 1/20/1883 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind af work dane during most of working life, even if retired) Retired	Bedford County, Pa. U.S.A. 14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME George Eisentrout 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Margaret Engle NFORMANT Address
(Yes, no. or unknown) (If yes, give wor or dates of service)	Edward Eisentrout, Midland, MD. (Brother)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gave rise ta immediate cause (a), stoting the under: lying couse lost. Canditians, if ony, which gave rise ta immediate (b) DUE TO (c)	Tous bladder Identesting time The related to The Terminal Disease CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CCATIC	PERFORMER? YES NO PERFORMER? YES NO PERFORMER?
S 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, Pt	LACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State) actory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an	death occurred at 2014, from the causes and an the date stated above.
22c. PHYSICIAN'S NAME (Type) John B. Davis, M.D.	M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 7 SIGNED FINE PHYS. 22d. ADDRESS 22d. ADDRESS 2 BROADWAY, FROS +64R9, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C REMOVAL (Specify) 4/3/1961 Memorial P	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
GEORGE EICHHORN LONACONING, MD.	

STATE OF SEMERAL LAND WAS ASSESSED. .e. Let the the CALL STATE OF THE The same of the sa Market Lornwill PRANKY LOS OF STATE OF STATE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3759

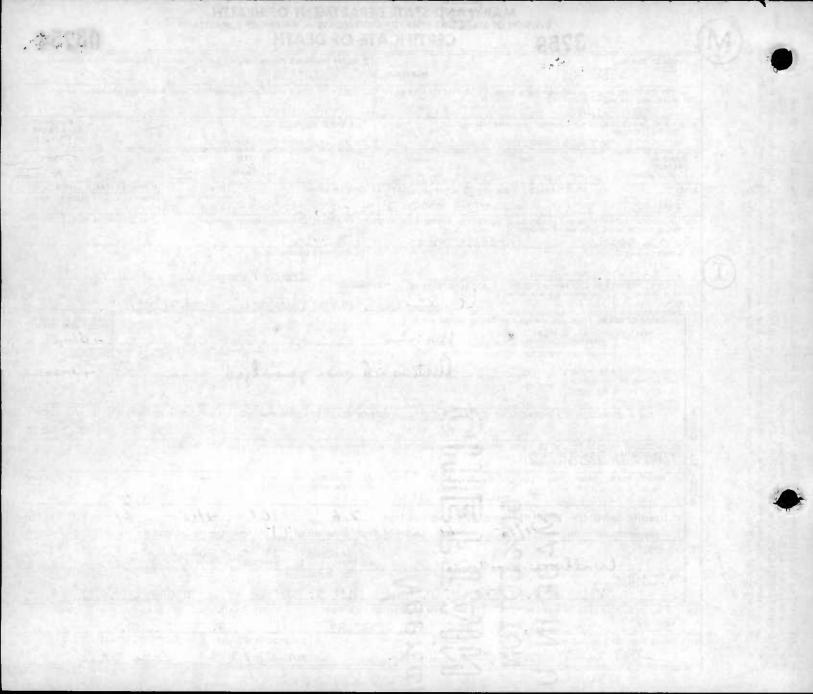
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1	1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE OF STATE MARY	CE (Where deceased LAND	l lived. If instituti b. COUNTY		before admi	ssion)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOW	/N (If outside corpor	rote limits, write R	URAL and give	e nearest tav	vn)
	CUMBERLAND	TITE	CUMBER	TAND		09		
	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	address)	d. STREET ADDR					SIDENCE A FARM?
	221 CECELIA STREET		221 CECE	T.TA_STREE	יתי			NO D
	3. NAME OF First	Middle	Last	4. DATE	Mon	th	Day	Year
	DECEASED (Type or print)	AY FIOSSER		OF DEATH	April	1		19 61
		IED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	_	_
	FEMALE WHITE WIDOWE	D DIVORCED	July 25, 1	.880	lost birthdoy) 80 yrs.	Months D	bys Hours	Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most af warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign co	ountry)	12. CITIZE	N OF WHAT	COUNTRY?
		blic School	Maryla	nd			USA	
	13. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME				
7	Louis F. Elosser		Λ.	D				
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	nnie Rame	y Add	ress		
	(Yes, no, or unknown) (If yes, give war or dates of service)	None MR	S. CLYDE C	AMPBELL	CUMBERL	AND_M	D.	
9	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]					INTERVAL	
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Unerina				376	ONSET AND DEATH	
	450.0 DUE TO						7 0	Y2
	Conditions if any which \	Q -A	1.	0 .1	7			
	gove rise to immediate	AJLUNOS	care - 9	enhalyed	-		9200	
	lying course lost							
	/ (4)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	F TERMINIAL DISEASE	CONDITION GIV	VEN IN PART I	(a) 19 WAS	AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTINUED IN COLOREST	NOT REDITED TO THE	L TERMITAL DISEASE	CONDITION	LIV IIV IAKI	PERF	ORMED?
	TO ACCIDENT WAS UNDERLYING TO JOH DESC	CRIBE HOW INJURY OCCURRE	D (Enter nature of ini	ury in Port I or Port	U of item 18)		1E2 [] NO []
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW HAJORI OCCURRE	D. (Enter hotore of in-	ory in rott to rott	n or nem 10.,			
	3 20c. TIME OF INJURY Manth, Day, Year 20d. IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hom	e, form, 20f. (City	or town)	(Cou	inty)	(Stote)
	20c. TIME OF INJURY Manth, Day, Year 20d. IN Hour o. m. 19 of worl	Not while	ctary, street, affice bld	ig., efc.)				
			2 /	10 6 1	ulir	10/1	4 . (1)	
9	21. I certify that (I) (this hospital) attend	19 <u>41</u> , and that a		1964, to_			, that (I)	
	22o. SIGNATURE	/ dia mar c	Jean accorded a	TERRETAIN TOTAL	ine cooses di	on me		2b. DATE
	William PJ	0	M.D. PHYS.	MED.	STAFF PHYS.			SIGNED
	22c. PHYSICIAN'S	unit,	22d. ADDRESS					
3	NAME (Type) WILLIAM P. IAMF	RS M D	441 N. C	CENTRE ST	CIIMB.	ERLAND,	MIT	
,	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C			ION (City, town,			ate)
1	REMOVAL (Specify) BURIAL APRIL 19.1961	ROSE HILL CE					(311	,
)	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	The second second second	REC'D BY REGIST	MBERLANI 25b REGI	STRAR'S SIGN	ATURE	
1		MBERLAND, MD.		TE APR 2 0	10.4			
			DA	HE MI II L	0.	wilnes &	Tiraus	

TO HOSPITAL OR ATTENDING VSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Poor 4 may be retained by the hospit of contending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59



SICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag

TO HOSPITAL OR ATTENDING P

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3750

Reg. Dist. No. 03755

PLACE OF DEATH COUNTY				11 0	SUAL RESIDENCE	E (Where decease	sed lived. If instit b. COUN		nce before a	odmission)
Al	legany		MARYLA	IND	Ma	ryland			llega	ny
b. CITY OR TOWN RURAL and give	(If outside corporate lim nearest town)	its, write c.	LENGTH OF STAY IN	1b c	CITY OR TOWN	(If outside con	porote limits, write	RURAL and	give nearest	t town)
Cumberl	and	10/		5	Cum	berlan	d			
d. NAME OF HOSP OR INSTITUTION			lress)		STREET ADDRE	Grand	Ave.			IS RESIDENCE ON A FARM? ES NO X
3. NAME OF	Fi		Middle		Last	4. DATE		4 4		
DECEASED (Type or print)	Blanche	1757	Susan		Funk	OF DEAT		ril	15,	Year 1961
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In year			UNDER 24 HRS.
Female	White	WIDOWED	DIVORCED [0 0	tober	7,1893	last birthday	rs. Months	Doys H	lours Min.
10a. USUAL OCCUPAT during most of wo Housewi	ION (Give kind of work rrking life, even if retired . fe)	n Home	INDUSTRY	Cold S				S.A	WHAT COUNTRY
13. FATHER'S NAME				14,	MOTHER'S MAIL	DEN NAME				
William	Brelsford			15 b	Eliza	beth R	ichmon	d		
IS. WAS DECEASED EV	ER IN U. S. ARMED FOI		CIAL SECURITY NO.	17. INFOR	TANT		A	ddress		
(Yes, no, or unknown) NO	(If yes, give war or dates of		none	Mr. H	larvey	Funk	439 Gr	and Av	ve. C	Cumb. N
Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	, met	estasis	to	Pline	ir_		,ulu	app	rox ly
CAT	THER SIGNIFICANT CON							SIVEN IN PAR	P	WAS AUTOPSY PERFORMED? ES NO
OR CONTRIBUTING	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OCC	URRED. (Ent	er nature of inju	ry in Port I or Po	art II of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	10	ar 20d. INJU While of work	Not while	e. PLACE O foctory,	F INJURY (Home, treet, office bldg	form, 20f. (Ci	ity or town)	((County)	(Stote)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the	7au	from MATE			2:4 M, fro		s and an ti		the decease stated abav DATE SIGNE
Burial	4/18/61		2c NAME OF CEMETE Hillcres		ial Pa	rk Cum	ATION (City, town	d. Md.		(Stote)
H. Wayn		Cum	berland,	Md.	24o.	REC'D BY REGI		GISTRAR'S SIG		

REVEN MANAGER		PITHEO.	2 80001	
	To Name of Street, Str			**************************************
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The law requires that the death certificate be executed within 24 hours and TO HOSPITAL OR ATTEN IG PHYSICIAN: The law requires that the death certificate be executed within 24 to death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after degree 5.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3761

CERTIFICATE OF DEATH

					00400
1. PLACE OF DEATH					nstitution; Residence before admission
ALLE	GANY	MARYLAND	a. STATE MARY	YLAND b. COUN	ALLEGANY
	outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporata limits, write	RURAL end give nearest town)
CUMBER LA	giva neerast town)	2 HOURS	02 CHM	BERLAND	
		WHEK & MEMORIAL	d. STREET ADDRES		IS RESIDENCE
MEMOR I A	L HOSPITAL"	AVES.,	762	FAYETTE STREET	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	
(Type or print)	SARA	ROBERTA	GARLITZ	DEATH APRI	L 25 19 61
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED X	. DATE OF BIRTH	9. AGE (In yeers last birthday)	
FEMALE	WHITE WIDE	OWED DIVORCED	AUGUST 20	, 1960 yrs.	Months Deys Hours Min.
1De. USUAL OCCUPATI	ON (Give kind of work king life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	the state of the state of		12. CITIZEN OF WHAT COUNTRY
None		Nonez	CUMBER	LAND, MARYLAND	U. S. A.
13. FATHER'S NAME	MCENT LEDAY O	ADL 177	14. MOTHER'S MAIDE		
	INCENT LEROY G			HOLLAND	
(Yes, no, or unkown) (If	R IN U.S. ARMED FORCES? yas give war or detes of service)	16. SOCIAL SECURITY NO. 17. 1		Address	
No,		None	MEMORIAL I	HOSPITAL, CUMBE	RLAND, MD.
	EATH [Enter only one ceuse	per line for (e), (b), and (c).) /	110	ONSET AND DEATH
	MAS CAUSED BY:	Muste Su	speralose	1 Kineolia	cc 248 hos
7545	DUE TO	m / /	Va d		.5/
Conditions, if any	4	Visa Suo	cline !		48 hs.
geve rise to immedia	ete ceuse		. 1		0-
(a), steting the ur	derlying DUE TO	percental	·1 reas	1	8 mes -
	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
OF .					PERFORMED?
PART II. OTHER DEPART II. OTHER DEPART III. OTHER DEPART III. OTHER DEPART III. OTHER OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING	AS LINIDEDI VINIC IT 1 206	DESCRIBE HOW INJURY OCCURED	(Entre nature of injury i	in Part I or Part II of item 18.)	115 [] 110 [2
OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE HOW HOOK! OCCORED	. (ciner herare or injury i	in rear por rear it or new 13.)	
		Dd. INJURY OCCURRED 2De. PLA	Cr Or Million Of	erm, ' 20f. (City or town)	(County) (State)
20c. TIME OF INJUI			CE OF INJURY (Home, fe ory, street, office bldg., e	etc.)	(County) (State)
p.m	19 et	work et work	1	11	
21. I certify th	nat (I) (this hospital) a	ttended the deceased from	4-29	190/ptq 4-2	1, 19/, that (I) (we) las
saw the deges	ed alive on 4,	and that	death occured at	from the causes	and on the dete stated above
22a. SISNATURE	1000 S	7			22b. DATE
1 year	eef Way	LINSTI M	D. PHYS.	MED. STAFF PHYS.	4/26/6
22c. PHYSICIAN'S NAME (Type)	DR. H. W.	ELIASON	22d. ADDRESS	203 GREENE S	ST. CUMBERLAND, MD
23a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, toy	wn or county) (Stata)
REMOVAL (Specify) Burial	4/28/61	Hillcrest H	Burial Par	k Cumberlan	d, Maryland
24 FUNERAL DIRECTOR		ADDRESS		REC'D BY REGISTRAR 256. REC	
		mberland, Md.	DAT	AY 1 '61 Q	Chur S. Kraas
			DAID	- Cu	muy s. Theres

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DR. WEISMAN MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** RESTON STREET, BALTIMORE 1, MARYLAND DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY within 24 hours ALLEGANY ALLEGANY the d 2 MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b CUMBERLAND neerest town) HRS.20 MIN. **CUMBERLAND** filled in Pages 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL GREENE YES NO completely executed 3. NAME OF Middle 4. DATE Last Yeer DECEASED OF HELEN G. GATES (Type or print) DEATH 61 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months Days FEMALE WIDOWED DIVORCED certificate 10e. USUAL OCCUPATION (Give kind of work physician remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! State, or foreign country) done during most of working life, even if retired)
HOUSEWIFE U.S.A. WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please e attending g law requires that the death CHARLES P. REDMAN SUSAN HAMILTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no. or unknown) | (If yes give wer or detes of service remova MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND physician. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (e) burial-transit DUE TO attending gave rise to immediate cause **DUE TO** (e), steting the underlying ceuse lest. certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY hospital as of PERFORMED? NO prior 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18. OR CONTRIBUTING CAUSE OF DEATH for the 20c. TIME OF INJURY Month, Dey, Yeer | 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) Not While et work | et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from....... should ., and that death occured a 2.140h, from the causes and on the date stated above saw the deceased alive on..... may DATE 22e. SIGNATE 22b. ATTENDING STAFF SIGNED HOSPITAL eath. Page 4 FUNERAL I PHYS. DIRECTOR PHYS. director, page , 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DR. S.G. WEISMAN STREET, CUMBERLAND, MD 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) TO BURTAL ROSE HILL CEMETERY CUMBERLAND, MD. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur S. Kraus BYRON KIGHT CUMBERLAND, MD. APR 1 8 '61 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) RIDGELEY CUMBERLAND HOSPITAN (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARMI & WARWICK AVENUES 3. NAME OF Middle DECEASED OF 19 61 (Type or print) DEATH JAMES W. HARE 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthdey) Months Hours WIDOWED X MALE WHITE DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) Retired Hot Mill Plate Mill Magnolia U. S. A. VIRGINIA 13. FATHER'S NAME THOMAS HARE NANCY DYCHE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of sarvice HOSPITAL CUMBERLAND. MD. no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUF TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, Month, Day, Year factory, straet, office bldg., atc Not While While et work et work that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on. 128, SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 122 S. CENTRE ST., CUMBERLAND, MD DR. R. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1961 Rose Hill Cemetery Cumberland, Md. May

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MAY 4

arthur S. Thouse

ADDRESS

James F. Scarpelli, Cumberland, Md.

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24 FUNERAL DIRECTOR'S SIGNATURE

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Janes I. Heller 11, Cumber Land, 16.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

			807-1-6-11
CERTIF	CATE	OF DE	ATH

1. P.		2701	CERTII	ICATE	OF DEATH			157	אַכ
U.	LACE OF DEATH	3804	MARY	LAND 2, 5	STATE MARY		COLINITY	dence before of	
b.	CUMBER LAND		rite c. LENGTH OF STAY 4 DAYS	IN 1b	CUMBTRIAN	_	nits, write RURAL or	nd give nearest	town)
d.	OR INSTITUTION SACRED HEA	f not in hospital, give:		1	d. STREET ADDRESS 218 COLI	MBIA ST.		0	RESIDENCE IN A FARM? S NO D
D	IAME OF ECEASED Type or print)	First WILLIA	Middle M		Lasi HARMON	4. DATE OF DEATH	Month APRJL	Doy 11	Yeor 19 6]
S. SE	EX 6. MALE	9 W T 7/753 979	MARRIED NEVER MARRI		TE OF BIRTH 69. 27, 18	792 9. AG	birthdoy) Month	DER 1 YEAR IF L	INDER 24 HRS. ours Min.
100. P.	during roost of warrang	Give kind of work done life, even if retired)	B+O P	R INDUSTRY	11. BIRTHPLACE (Store	or foreign country)	Va. 12.0	21. S	AT COUNTRY?
13. F	John 1	V. Harr	non	14	Victor	VAME	Vours	R.	
15 /V	AS DECEASED EVER IN	U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO		vant IENTS CHARI	6	Address	Ma	
	BART I DEATH	WAS CAUSED BY: MEDIATE CAUSE (0) DUE TO	per line for (o), (b), and (c). Per bral vascu.	lar acc				ONSET A	L BETWEEN AND DEATH
	gove rise to immercouse (o), stoting the lying couse last.	DUE TO			io-vascula				ars
	-couse (a), stating the lying couse last. PART II. OTHER:	DUE TO (c) GIGNIFICANT CONDITI NDERLYING [7] 20b	ONS CONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN I	PART 1(o) 19. W	
L CERTIFICATION	-couse (a), stating the lying couse last. PART II. OTHER	DUE TO COLUMN CONDITION CAUSE OF DEATH CAUS	ONS <u>CONTRIBUTING</u> TO DEA	ATH BUT NOT	RELATED TO THE TERM	Port I or Port II of i	DITION GIVEN IN I	PART 1(o) 19. W	/AS AUTOPSY ERFORMED?
MEDICAL CERTIFICATION	PART II. OTHER: 20a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED 20c. TIME OF INJURY I Hour o, m. p. m.	DUE TO SIGNIFICANT CONDITION NDERLYING CAUSE OF DEATH OCAL EXAMINER) Wonth, Doy, Year 19 (this haspital) a alive an 11	DNS CONTRIBUTING TO DEA DESCRIBE HOW INJURY O Od. INJURY OCCURRED While Not while twork of work tended the deceased 1961, and	CCURRED. (En 20e. PLACE of foctory,	RELATED TO THE TERM ther noture of injury in DF INJURY (Home, farm street, office bldg., etc.) The accourred at	Port I or Port II of i	tem 18.) (n) 11 auses and an	(County)	(Stote) (Stote) (Stote) (Stote)
MEDICAL CERTIFICATION	20a. ACCIDENT WAS U OR CONTRIBUTING [If EITHER, NOTIFY MED OR] 21. I certify that (I saw the deceased 22a. SIGNATURE	DUE TO SIGNIFICANT CONDITION NDERLYING CAUSE OF DEATH OCAL EXAMINER) Wonth, Doy, Year 19 (this haspital) a alive an 11	DONS CONTRIBUTING TO DE. DESCRIBE HOW INJURY OF COURRED While Not while work of work tended the deceased 19 19 61, and	CCURRED. (En 20e. PLACE of foctory,	RELATED TO THE TERM ther noture of injury in DF INJURY (Home, farm street, office bldg., etc.) The accourred at	Port I or Port II of i	tem 18.) 11 15 auses and an	(County) (County) (County)	(Stote) (Stote) (Stote) (Stote) (Stote)

DATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. Page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death. YSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO HOSPITAL OR ATTENDING

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TO HOSPITAL OR ATTENDING TYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspit. If attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directors. After this certificate has been signed by the attending physician and campletely filled in by the funeral directors as the buriol-transit permit. Then please remave carbon pages? Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	IFIC	ATE	OF	DE	TH
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1.	PLACE OF DEATH	2103	1111	MARYL		USUAL RESIDENCE ((Where decease	ed lived. If institution b. COUNTY	on: Residence b	pefore admi	ssion)
_	ALLEGA	WY					YLAND		ALLEG	-	
	RURAL ond give n		its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (orote limits, write RI	JRAL ond give	nearest tov	vn)
H		TAL (If not in hospital, o		2DAYS		CUMBER				10.00	SIDENCE
1	OR INSTITUTION	A LIGHT DAY	live street	oddress)		d. STREET ADDRESS		Mari Str. Stranger		ON	A FARM
	SACRE) HEART				# 427 CHE	STNUT S	TREET		YES [] NO 🛅
3.	NAME OF DECEASED (Type or print)	Fi	rst	Middle	1741	Last	4. DATE OF DEATH	Mon	th	Day	Year 19 67
5	SEX	6. COLOR OR RACE	7	ANNA	7000	ATUNG PATE OF BIRTH	1	9. AGE (In years	IF UNDER 1 YI	FAR IF UNI	U.L.
3.	JEA	S. COLOR OR RACE		NEVER MARRIE		A)E OF BIKIT		last birthdoy)	Months Do		-
L	FEMALE	WHITE	WIDOWE			16-29 -91		69 yrs.			
10	during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	NDUSTR	11. BIRTHPLACE (St	ote or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY?
	HOUSEW		'			MAI	RYTAND		TT	S.A.	
13	FATHER'S NAME		4141	2004		4. MOTHER'S MAIDE			-	*****	
15	JOHN WAS DECEASED EVE	RANK R IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO.	17. INFO	HENRETT.	A SCHA	LIER RAN			
	es, no, or unknown)	(If yes, give war or dates of		Da a seconii i ivo.	17. 11410	NIII DAIVI		Addi	633		
L	_			1) one			CHART				
	18. CAUSE OF DEA	ATH [Enter only one co	ouse per lin	ne for (o), (b), and (c).]	4.	-+ 1				NTERVAL I	
	PART I. DEA	ATH WAS CAUSED BY:	,	Charles	tu	shake.				2 N	DUEAIR
	3 28	DUE TO)	arterial			elo to			700	4
	90			n. to 1	Pare	. To				111	
	Conditions, if o)(onunce	THE	accus;	n			- ye	us
	couse (o), stoting				//						
	lying couse lost.) (4	:)				1107437				
Z	PART II. OT	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	EN IN PART 1	o) 19. WAS	ORMED?
I	(1) Y 5 E. B.										NO
18	20a. ACCIDENT W	AS_UNDERLYING [20b. DESC	RIBE HOW INJURY OF	CURRED. (Enter noture of injury	in Port I or Po	ort II of item 18.)			
CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJUS	RY Month, Doy, Ye	or 20d. It	NJURY OCCURRED	20e. PLACE	OF INJURY (Home, f	farm, 20f. (Ci	ty or town)	(Cour	nty)	(Stote)
000	Hour o. m.	19	While	Not while	foctor	, street, office bldg.,	etc.)				
2	p. m.		of wor	k ot work	- 1	3 /		11 201			
	21. I certify the	at (I) (this haspita	I) attend	led the deceased	fram_7	-10	196/ta.	4-29	19.6/	that (1)	(we) last
	saw the decea	sed glive an 4-	-28	19 6/, and	that dea	th accurred at2	M, fran	the causes an	d an the d	ate state	d abave.
	220. SIGNATURE	Vh	_							2	2b. DATE
		h. 19m	no		M.E	ATTENDING PHYS.	MED.	STAFF		4.	-301 -
	22c. PHYSICIAN'S	7 11 11	- 0			22d. ADDRESS	DIRECTOR L	71113.			900
1	NAME (Type)	Des T. Desday				r'2 0				263	
		Dr.L.Bring						reet, Cumi		, Md.	
23	a. BURIAL, CREMATIC		OF ,	23c. NAME OF CEME	TERY OR C	REMATORY	23d, LOC	ATION (City, town,	y county)) (51	ofe)
	Durist	2/1/	61	st our	Kes	(em.	(u	miert	and	1	10
24	FUNERAL DIRECTOR	'S SIGNATURE	^	ADDRESS	1 1	25a. R	EC'D BY REGIS	STRAR 25b. REGIS	STRAR'S SIGNA	ATURE	1
1	Tomes	Tein.	lac	Cump	. M	DATE	MAY 3	61 an	Elma S. Th	cand	
10	1		~~~			DAIL					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3766 PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If Institution, Residence e. COUNTY a. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town HR. 18 CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM 15 MARY STREET MEMORIAL HOSPITAL YES NO IN 3. NAME OF Middle DATE DECEASED OF 1961 APRIL HELLER FLORE NCE V. (Type or print) DEATH en birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Days Hours FEMALE WIDOWED Y DIVORCED 1Da, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) HOME PENNSYLVANIA-ARTEMAS U.S.A. HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI GEORGE SHAFFER ELSIE TEWELL WARW NOWERS MEMORIAL AVENUE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifves give wer or dates of service) MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND none 18. CAUSE OF DEATH (Enter only one cour for line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geva rise to immediate ceuse DUF TO (e), static the underlying cause lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 145. WAS AUTOPSY PERFORMED? NO J 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INIURY OCCURED. (Enter neture of injury in Pert I or Pert II) of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work

21. I certify that (I) (this hospital) saw the deceased alive 22e. SIGNATURE

22c. PHYSICIAN'S

W. F. WILLIAMS

ATTENDING 22d. ADDRESS

and that death occured at .1.2:M.

PHYS.

22b. DATE

(State)

NAME (Type)

230. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Zion Memorial Park Apr.25,1961

23d. LOCATION (City, town or county) Cumberland, Md.

122 S. CENTRE STREET CUMBERLAND

24 FUNERAL DIRECTOR'S SIGNATURE

attended the deceased from...

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

DIRECTOR

James F. Scarpelli, Cumberland, Md.

APR 26'61

arthur & Krans

causes and on the date stated above.

death. Page 4 O FUNERAL ector, - 5 B 0 VR A15 (4) 15M 9/60

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5 Pages filled aff

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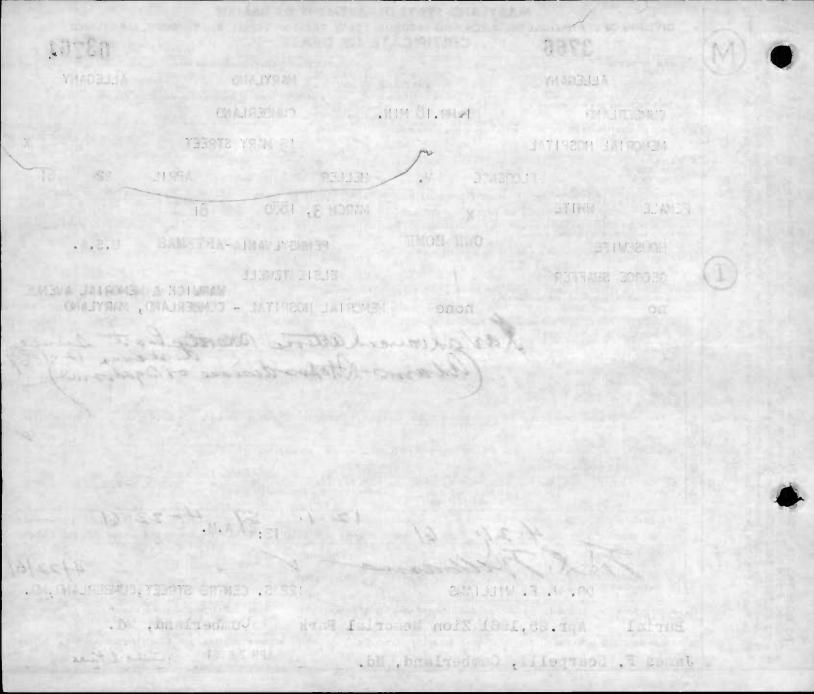
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and



H. Wayne George Cumberland,

VR A15 (4) 15M 9/60

a. IS RESIDENCE

YESX NO

Year

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ONSET AND DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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- 1	H.	4	T.	4

	2750		CEKIIFIC	CAIL	OF DEA	п			. 17	311)4
1. PLACE OF DEATH	0103				USUAL RESIDENCE	(Where decease	ed lived. If instit	tutian: Reside	ence befare	e admiss	ian)
a. COUNTY	LLEGANY		MARYLAI	ND G	a. STATE	rvland	b. COUN	477	egan	37	
b. CITY OR TOWN (II	autside carporate lim	its, write	c. LENGTH OF STAY IN	1b (c. CITY OR TOWN	11 4	orote limits, writ			40	1)
RURAL and give ne			30 Yrs.	X	Mt	Corre	~~				
d. NAME OF HOSPIT.	Savage, AL (If nat in haspitol,	give street	address)		d. STREET ADDRES	The latest	ge,		le	. IS RES	
OR INSTITUTION											FARM?
. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	A	Nanth	Day	,	Year
(Type ar print)		orge	Willia		Hook	DEATH	Apri		21st		1961
s. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (În yea		RIYEAR		R 24 HRS.
Male	White	WIDOWE	DIVORCED	□ Jυ	me 9th,	1904	56 ,		Days	Haurs	MID.
Oa. USUAL OCCUPATIO	N (Give kind of wark ing life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (S	tate ar foreign	country)	12. CI	TIZEN OF	WHATC	OUNTRY
Calander		K.	S.Tire Co.	LAN	Penns	ylvani	la		US	A	
3. FATHER'S NAME				14	. MOTHER'S MAID	EN NAME			1 /60		
Olir	Hook				Daisy	Norri	s				
5. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFOR	MANT		A	ddress		600	
(Yes. no, or unknown)	If yes, give war or dates of	service)	7-05-2244	Mrs.	Laverna	Hook.	Mt. Sa	vage	. Md		
1B. CAUSE OF DEA	TH (Enter anly ane co	ause per lin	ne far (a), (b), and (c).]				2	1-1		RVAL BE	TWEEN
	TH WAS CAUSED BY:	0	-2 -2 ((6 M	Cur.	- ac	to de a	until	CONSI	ET AND	DEATH
1120	/ DUE TO		Charles -		current	7	26			1682	Carial !
720	/	1	- Y ()	Va	1.6.	S/ 1	24 0		1	1/2	
Canditions, if or	nmediate)	remary a	11462	y creat		V-20035-		- '		yra
lying cause last.	he under- DUE TO)		/						1	
	ED SIGNIFICANT CON	c)	ONTRIBUTING TO DEATH	I BUIT NIOT	DELATED TO THE T	EDIMINIAL DICEA	CE CONDITION 3	CIVENI INI BA	DT 1/=\ 10	1A/AC	ALITOPEY
PART II. OTH	EK SIGNIFICANI CON	ADITIONS C	ONIKIBUTING TO DEATH	TROI NOI	C KELATED TO THE T	EKMINAL DISEA	SE CONDITION	GIVEN IN FA	(K) ((a) 19	PERFO	RMED?
	c uniperior = =	Tool Dec	COURT HOLL IN IN INC.							YES	ио 🛭
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCI	URKED. (En	iter nature at injur	y in Port I ar Pa	iri II of item IB.)				
THE OF INTER		1		01465	E INTERVAL						
20c. TIME OF INJURY Haur a. m. p. m.	Y Manth, Day, Ye	While	Not while		OF INJURY (Hame, street, affice bldg.		ty ar tawn)		(Caunty)		(State)
p. m.	19	of wor			^		\wedge				
21. I certify tha	t (I) (this haspita	I) attend	led the deceased fro	am	Three-	1954 .ta.	9-/2	/, 19.	61, the	ot (1) (we) last
saw the deceas	ed alive an	4/21	196/, and th	at death	accurred at	AM, fram	the causes	and an ti	ne date	stated	abave.
22a. SIGNATURE	1)	50	× 1 16	0.	Trum and a						b. DATE
tren	Alical	olle	ITEM MY	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			4/	SIGNED
22c. PHYSICIAN'S				-	22d. ADDRESS			Court.	· WILL	11	101
NAME (Type)	Martin M.	Rot	hstein,	11	48 Bro	adway.	Frost	burg	, Md		
30. BURIAL, CREMATIO	N, 23b. DATE THEREC	OF.	23c. NAME OF CEMETE	RY OR CRE			ATION (City, taw			(Stot	e)
Burial (Specify)	4-23-6	51	M. E. Ce	emete	ery		. Savag				d.
24. FUNERAL DIRECTOR			ADDRESS			REC'D BY REGIS		GISTRAR'S	IGNATUR	E	
1/19/	4	1	Frosthure	. Mc		APR 2 4		Inthun 1			

TO HOSPITAL OR ATTENDING VISICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspin, of attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled will the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death. VR A15 (4) 1SM 9/S9

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	1334744 .31		and Market Street
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TO HOSPITAL OR ATTEN G PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 of the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	3770	CERTIFICATE	OF DEATH	10/61	غ مراد	Uð	765	111
H	1. PLACE OF DEATH a. COUNTY	10000 11 0 10	2. USUAL RESIDENCE	E (Where dece			ce before a	dmission)
ì	ALLEGANY	MARYLAND	* STATE MARYLA	ND	b. COUNT	ALLEGA	NY	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II		ete limits, write	RURAL and give	neerest tow	n)
C	d. NAME OF HOSPITAL OR INSTITUTION (IF NO MEMORIAL HOSPIT MEMORIAL & WARW	AL	d. STREET ADDRESS					SIDENCE A FARM? NO
	3. NAME OF DECEASED (Type or print) JON	Middle	HOSE.	4. DATE OF DEATH	Month APRI	L 6	Year 196	1
		THE VERY MARKIED	DATE OF BIRTH			Months Deys	Hours Hours	24 HRS. Min.
	1Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	1Db. KIND OF BUSINESS OR INDUSTRY Self Emp.	Y 11. BIRTHPLACE (Count	y & Stete, or fo	reign country)	12. CITIZEN C	F WHAT C	OUNTRY?
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN I	y Hose		U.S.A.		
1	## John See 15. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17. II	NFORMANT	у пове	Address			
	(Yes, no, or unkown) (Ifyesgivewererdetesofsarvice) NO	More se per line for (2), (b), end (2). Myslordial D Hypertonie and an	MEMORIAL HOS foretion	mas Cost	rise dio	RLAND, ME	FPVAI RET	
	(a), stetling the underlying DUE TO ceuse lest.		tousel				19. WAS A PERFO	RMED?
	OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURED.	. (Enter neture of injury in F	Part I or Part II o	f item 18.)		11.5	
	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19		CE OF INJURY (Homa, ferm pry, straat, office bldg., etc.)		(County)		(State)
	21. I certify that (I) (this hospital) saw the deceased alive on	attended the deceased from	death occured and	19. 61 , to	the causes a	19.00/, and on the d	ate stated	dabove
	220. SIGNATURE alped	Vanormer M.	D. PHYS. D	AED.	STAFF PHYS.	80%	1.6/	SIGNED
		D VAN ORMER				MBERLAND		
	23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)				ION (City, tow	. 2	2	ete)
	Burial 4-9-6I 24 FUNERAL DIRECTOR'S SIGNATURE	Oldtown Ce	2Se. REC	'D BY REGISTR	AR 25b. REG	ISTRAR'S SIGNA	TURE	
1	James F. Scarpelli	Cumberland, Ma	ary Land DATE AP	R 11 '61	un	vinus S. The	Mary 1997	

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2 E		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis	. No. 03766
please cremati	IVI	1. PLACE OF DEATH o. COUNTY Allegany ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence of STATE Maryland b. COUNTY Prince	
Poge.		b. CITY OR TOWN (If outside corporate limits, write RURAL ond good give recreat town) Cumberland c. CITY OR TOWN (If outside corporate limits, write RURAL ond good give recreat town) Waldorf Route #2 Box 12A	give nearest town)
is nece ector. s. rior ta	062	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Sacred Heart Hospital ORX = 2	e. IS RESIDENCE ON A FARM? YES NOT
If any delay e funeral dir far yaur file e registrar p		3. NAME OF First Middle Last 4. DATE Month OF OF	Day Year 21 19 61
the fun ad far y the reg		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (to years lost birthday) Mpnths 1.0	YEAR IF UNDER 24 HRS.
er death and 3 to be retained		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ during most of working life, even if retired)	EN OF WHAT COUNTRY?
4 7 5		13. FATHER'S NAME Maryland U.	•0•4•
es 1, 2, 5 may	T	Marvin D. Imes Carolynn Sue Townsend	
po de po	(1)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) 1 (If yes, give war or dates of service)	
ive Page			on, Ohio
P.W.it		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
rm PM		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Crushed Skull	5-10 Minutes
Iten h fa	- V	825 DUE TO	
be wit		Conditions, if any, which gave rise to immediate couse (Automobile accident)	The second
shauld in penc e alang a burio		(c), stating the underlying couse lost. (c)	
ding" ir	0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20t. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)	1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
cert pen iner	-	20d. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)	
R: This ward I Exam shauld	18	mildoniootte accident	
al E sho		20c. TIME OF INJURY Month, Day, Year Hour Hour April 21 19 6d of work of work Rt. 28 Between Ridgeley &Wiley Ford.	
Med.			
EXA		21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause	XI, and find that
Chi.	Sale.	dediti resolted fram: National causes, Accident, Solicide, Hamicide, Onderermined cause	
DEPUTY MEDICAL EX ute the certificate, writ awarded to the Chief FUNERAL DIRECTOR:	50%	SIGNATURE Benedict Skitarelic M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
he ce		EXAMINER'S	1961
cute t farwa		22c. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county)	(Stote)
5 5 5	ō	REMOVAL (Specify) Burial April 26.1961 Piermont Cemetery Piermont	Ohio
VS. A15ME(5	1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE
5M 9/55	7	Ruth E. Silcox Cumberland Maryland DARPR 24'61 Cullun S. H.	and
/	loos	2150221XV3	

MARYLAND STATE DEPARTMENT OF HEALTH

3772 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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11.	a. COUNTY					ENCE (Where de			on: Residence befo	are admission)
/	a. COUNTY	llegany		MARYLAND	o. STATE M	aryland		b. COUNTY	Allega	any
		autside carporate limits		TH OF STAY IN 16				mits, write R	URAL and give ne	acrest town)
.	Frost			etime	-	rostbur	g,			
	d. NAME OF HOSPITA	AL (If not in haspital, given	ve street oddress)		d. STREET A	DDRESS				e. IS RESIDENCE ON A FARM?
		ers Hospit	tal		1 1	9 Fairy	iew	Stre	et	YES NO
3	B. NAME OF DECEASED	First		Middle	Last	4. D	ATE	Mon	th D	ay Yeor
	(Type or print)	Dil	nond	М.	Jai	mes D	EATH	Apri	1 1	5th, 19 61
1	S. SEX	6. COLOR OR RACE	7. MARRIED N	EVER MARRIED	B. DATE OF BIRTH			E (In years t birthday)		R IF UNDER 24 HRS.
	Male	White	WIDOWED [DIVORCED	Jan.	7th, 190		59 yrs.	Months Days	Hours Min.
1	Oa. USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	ane 10b. KIND OF	BUSINESS OR INDU	JSTRY 11. BIRTHPL	ACE (State or fore	ign country)	12. CITIZEN O	F WHAT COUNTRY?
	Plumbe		Plumbi	ng Indus	stry, Ma:	rvland			US	SA
Ī	3. FATHER'S NAME					MAIDEN NAME	137	400		
	Thomas	James			Ann	ie Hart	ig			
	S. WAS DECEASED EVER			ECURITY NO. 17.	NFORMANT			19 Ft	rirview	St.
	No	it yes, give war or dates or ser	214-0	7-0313 M	irs. Ann	a M. Ja	ames,	Fros	stburg,	Md.
F	18. CAUSE OF DEA	TH [Enter anly ane cau	use per line far (a),	(b), and (c).]						ERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	acute	buln	many	20	den	06.	ON	3 days
	420	DUE TO	0.000		(h	1 1			
	Conditions, if a	4 6	0.10 m	~-Salo	tion	heard	Las	0000	. 7	-3 chs.
	gave rise to in	mmediate (accer.	a occ	0	1			~	
	lying cause last.	the under-	Clin	mice	Frome	lute	01		10112	
		ER SIGNIFICANT COND	DITIONS CONTRIBU	TING TO DEATH BU	T NOT RELATED TO	THE TERMINAL D	ISEASE CON	NDITION GIV	'EN IN PART 1(a)	19. WAS AUTOPSY
	PART II. OTH PART II. OTH OTH OTH OTH OTH OTH OTH OTH	2	int	Ely 8	ema					PERFORMED?
	20g. ACCIDENT WA	☐ CAUSE OF DEATH	20b. DESCRIBE NO	W INJURY OCCURR	ED. (Enter nature a	f injury in Part I	or Part II of	item 1B.)		
		MEDICAL EXAMINER)								
	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Year			LACE OF INJURY (I actory, street, affice		. (City or to	wn)	(County) (State)
	p. m.	19		vork						
	21. I certify tha	t (I) (this baseits!)	attended the	deceased fram.	4-12	196/	to 4.	-15	196/	hat (I) (
	saw the deceas	ed alive an 4	-15 19	Col., and that	death accurred	60 PM. 1	ram the	causes an		
	22a. SIGNATURE	110.	11	0						, 22b.DATE
		M.C.X	Vieh	l .	M.D. PHYS.	MED.	R PH	AFF IYS. []		4//SIGNED
	22c. PHYSICIAN'S NAME (Type)			1	22d. ADDRE	SS	Mal			161
	TYAMIC (Type)	H. C. D	Diehl		39	W. Ma	in St	t.,Fr	ostburg	, Md.
1	23a. BURIAL, CREMATIO	N, 23b. DATE THEREO!	F 23c. NA	ME OF CEMETERY	OR CREMATORY	23d.	LOCATION	(City, tawn, o	or county)	(State)
	Burial (Specify)	4-18-6	51 Fro	stburg	Memoria:	l Park.	Fr	ostbu	rg.	Md.
:								_		
	24. FUNERAL DIRECTOR	SIGNATURE	ADI	DRESS		DATE APR 1	REGISTRAR		STRAR'S SIGNATI	

TO HOSPITAL OR ATTENDING "SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be revained by the hospital attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be filed with the State Board of Health priar to buriol, cremation, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/S9

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TO HOSPITAL OR ATTENDING "YSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pagmoy be retained by the hospit, attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directors should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

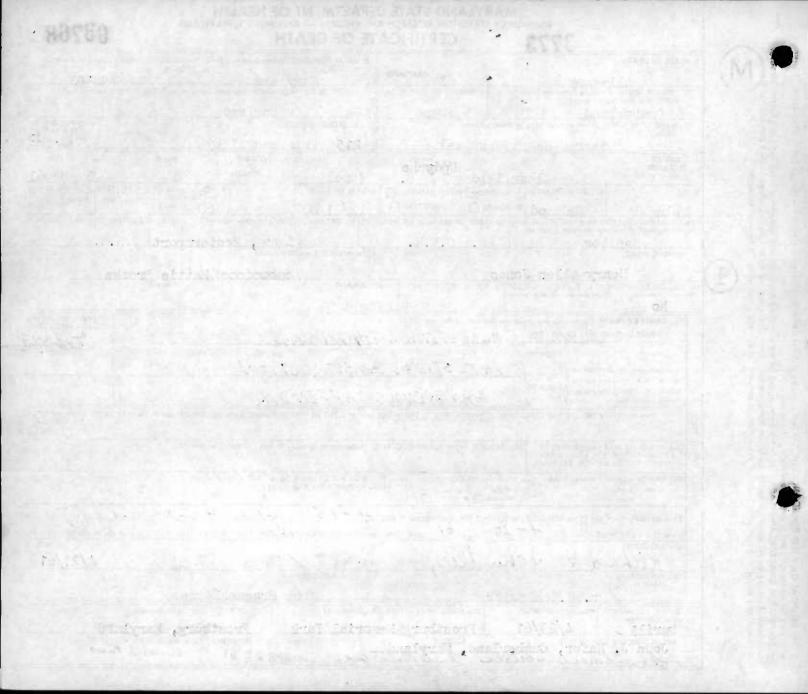
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3773

03768

1. PLACE OF DEATH a. COUNTY		a. STATE	re deceased lived. If instit b. COUN	TY	fore admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH	OF STAY IN 1b	c. CITY OR TOWN (If ou	NCI tside carporate limits, write		
RURAL and give nearest tawn)	0	1			
d. NAME OF HOSPITAL (If not in haspital, give street address)	lys	d. STREET ADDRESS	erland		e. IS RESIDENCE
OR INSTITUTION			422		ON A FARM?
Sacrel Heart Hospital			se Alley		
3. NAME OF DECEASED First Up	Middle dyche	Last	OF	Manth E	Day Year
(Type or print) Clearfield	TU. J	ones	DEATH	TIE LINIES 1 VE	20 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVI		ATE OF BIRTH	9. AGE (In year	Months Days	Hours Min.
Male	DIVORCED 1	2/31/00	-00	rs.	
10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)	ISINESS OR INDUSTRY	11. BIRTHPLACE (State of	r fareign country)	12. CITIZEN C	OF WHAT COUNTRY?
Janitor B.& O.			d . Westernpo	ort U.S.A	
13. FATHER'S NAME	14	MOTHER'S MAIDEN N	AME		
Henry Allen Jones		Mest	bodones Matti	e Brooks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECI	URITY NO. 17. INFOR			Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	Cha	nt			
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b)		u u		IN	ITERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ROMBOSIS		01	H daws
IMMEDIATE CAUSE (a) FIL SEIV (LAIC 111	10-1130313			1 augs
10000	TINAI 1	RETOINT.	01/		
Canditians, if any, which gave rise to immediate (b)	111172 0	BAIRDOIT	UN		
cause (a), stating the under-	-PENIAMS	APPENDI	·V		
) (c)	, , , , , , , , , , , , , , , , , , , ,			GIVEN IN PART 1/a)	19 WAS AUTOPSY
OF FARE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	10 10 DEXIH BUT NO	I KEDATED TO THE TERMIN	NAL DISEASE CONDITION	SIVER IN TAKE ING	PERFORMED?
La de la constitución de la cons	NAME OF THE PROPERTY OF		and the Bend II of them 18 t		YES NO
□ OR CONTRIBUTING □ CAUSE OF DEATH	INJURY OCCURRED. (E	nter nature at injury in r	art I ar Part II af item 1B.)		
	lan en en		Taxa var		
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCL While Nat will at wark at wark at wark	factory	OF INJURY (Hame, farm, , street, affice bldg., etc.	20f. (City ar tawn)	(Caunt	y) (State)
p. m. 19 at wark at war	k'''* 🗆				
21. I certify that (I) (this hospital) attended the de	eceased fram 4	1-15 196	1 to 4-20	2 , 1961,	that (I) (we) last
		h accurred at/2/8	M, fram the causes	and an the da	te stated abave.
22a. SIGNATURE					22b, DATE
Richard E. A Chindles	M.D.	ATTENDING ME	D. STAFF		4/21/61 SIGNED
22c. PHYSICIAN'S	1	22d. ADDRESS			
NAME (Type) Dr. R.Schindler		60 0	reene Street		
	E OF CEMETERY OR CE		23d. LOCATION (City, tow		(State)
REMOVAL (Specify)					
	tburg Memor		BY REGISTRAR 25b. R	EGISTRAR'S SIGNAT	
24. FUNESAL DIRECTOR'S SIGNATURE Cymberland, M	aryland		25 '61	Inthan S. Kra	MA
Hater Suneral Strovel &	so react q	DAIL DAIL			
J. Me	experior.				



5. SEX

CERTIFICATION

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission e. COUNTY e. STATE b. COUNTY Allegany MARYLAND Md. Allegany b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest town? Rural Westernport Yrs Rural Westernport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d STREET ADDRESS Mi N. Westernport Westernport NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH April Keller 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthdey) Months Female W hite Mar. 21. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) West Virginia Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Raines Ida Baldin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifves give war or dates of service Wilson Keller, Sr.-Westernport.Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18,) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20f. (City or town) (County) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work

(this hospital) attended the deceased from... 21. I certify that saw the deceased 22b. DATE 22e, SIGNATURE ATTENDING SIGNED MED STAFF DIRECTOR PHYS. PHYS. MD 22c. PHYSICIAN'S 22d. ADDRESS 230. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)

24 FUNERAL DIRECTOR'S SIGNATURE

Philos ADDRESS

Westernport 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

arthur S. Thous

e. IS RESIDENCE

Yeer

1961

IF UNDER 24 HRS.

Min

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO N

(State)

ON A FARM? YES NO

(Specify)

Burial

Westernport, Md.

A decommodant farms and and at Shoulded to Inthe A Committee of the Comm Alute 1 dings | No. 10 | no. 1 SHEET, Mr. 21, 1307 84 eald was clared Party onucli Outs House escial cemb in the second of the second se marke for I falled Museum deal street at the two colors of the street William Winds of Portain St. Gertennist Williams in softm. toley's ferme .ที่. (ประกุกระช่วย)

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MARYLAND ST				
3775 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	R

			43	2	20	7	1
Reg.	Dist.	No.	U	0	4	4	U

	0000										
1. PLACE OF DEATH o. COUNTY	legany		MARYL	AND			land	sed lived. If inslits b. COUNT	y Alle		
b. CITY OR TOWN (IF ond give neorest town) Cumber Le	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN				outside cor er La	porate limits, write nd	RURAL and	give nea	rest town)
d. NAME OF HOSPITA			pital, give street address)		d. STREET AD		nts	Additio	n		ON A FARM?
3. NAME OF DECEASED (Type or print)	Fin		Middle B •	Kn	ipple		4. DATE OF DEATH	Mont		Doy 23	Year 1961
5. SEX Female	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED	_	pate of Birth	,187	74	9. AGE (In years lost birthday) 97 yrs.		_	F UNDER 24 HRS.
100. USUAL OCCUPATIOn during most of working Housewill	N (Give kind of wark of life, even if retired)	lane 10b. K	ind of Business or in	NDUSTRY	Union	CE (State of	or foreign o	country)		ISA	WHAT COUNTRY?
13. FATHER'S NAME	ames Albr	ight			14. MOTHER'S M			Collier			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOI (If yes, give war or dates of		social security no.	Mrs	Clar	ence	e App	old, Cun	berl		
PART I. DEAT	H [Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (a)		for (a), (b), and (c).] CARCINOMAT	ros:	IS, GEI	VERA.	LIZE				Months
Canditions, if or gave rise to immed (a), stating the ucause last.	iate cause		CARCINO	IA (OF RIGH	HT BI	REAS!	C .		1-2	2 Years
PART II. OTH PART II. OTH 20g. EXTERNAL CAU PRIMARY gr CON CAUSE OF DEATH.		DITIONS CO	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO T	HE TERMII	NAL DISEAS	E CONDITION GI	VEN IN PART		WAS AUTOPSY PERFORMED?
	SE WAS TRIBUTING 20	b. DESCRIBI	E HOW INJURY OCCURR	ED. (En	ter nature af inju	ury in Part	I ar Part II	of item 18.)		18	
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yea	While			OF INJURY (He y, street, affice i			y or tawn)	(Cour	nty)	(State)
			Accident					nspectian X ndetermined		X ,	and find that
ACTUAL SIGNATURE	Reside	4	fketar	lu			AMINER [DATE SIGNED
EXAMINER'S NAME (Type)	BENEDICT	SKI	TARELIC, M	A.D.			XAMINER		1 23,	196	31
22a. BURIAL, CREMATIO REMOVAL (Specify)	Apr.26				al Par	1	Cum	tion (City, town, berland	, Md.		(State)
James F.		i, Cu	amberland,	Md			R 26		istrar's significant of the state of the sta		

VS. A15ME(5) 5M 9/55

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		Line corto la Luci		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3776 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, e. COUNTY b. COUNTY by the land 2 seedle ALLEGANY MARYLAND WEST VIRGINIA MINERAL b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) by write RURAL and give nearest town) CUMBERLAND, FORT ASHBY filled in Pages 1 4 DAYS hours after d. NAME OF HOSPITAL OR INSTITUTION IN e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES 2 NO HOSPITAL completely 3. NAME OF Middle 4. DATE Month Day paper: Year DECEASED CHARLES DEATH (Type or print) LEATHERMAN APRIL 19 61 within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH lest birthdey) and Months Days DIVORCED MALE WHITE WIDOWED Y event, certificate physician 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove WEST VIRGINIA U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death attending JOSEPH LEATHERMAN MELISSA OATES Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or ankawa) | (If yes give wer or detes of service) MEMORIAL HOSPITAL CUMBERLAND, MARYLAND INTERVAL BETWEEN 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY Munuta IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to Immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. " (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) Not While While Hour e.m. et work et work p.m DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. bluods saw the deceased alive on.... 22e. SIGNAT ATTENDING DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRES NAME (Type) 133 VIRGINIA AVE., CUMBERLAND. O. HIMMELWRIGHT filed v 23c. NAME OF CEMETERY OR PREMATORY 23d. LOCATION (City, flown or (Stete) death. 25a. BURIAL, CREMATION. 23b/ dir. 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 arthur

MEST VIROLILA FORT ASHEY 0.4.43 CANAL HOME A LATRONSA 11984 HALE SERVICE SEESEN VIEW 1905 ALFORM T83W ALFORD ALFORD AND ALF MERISSA DATES auti anomi Ore man FLEWM -Colombate Contra Vola Contraction मार्थ महिल्ला है। वर्ष to beautiful Charles Marines Chil 125 VINCLUM AVE., CASSERAND, NO. THE INCHES OF . O. TO Substitution of the state of th

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03772 Reg. Dist. No.

D. CHONTY Allegany b. CHONTY Allegany c. CHONTY Allegany d. STREE ADDRES SIGNAMENT AND ALLEGANY ADART
Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 216 New Hampshire Ave. 316 New Hampshire Ave. 316 New Hampshire Ave. 316 New Hampshire Ave. 316 New Hampshire Ave. 317 Name of Einst Middle 128 Devey Lewis, Sr. 328 Devents Britt Development of
Cumberland d. ANAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 216 New Hampshire Ave. 3. NAME OF OF First
216 New Hampshire Ave. 217 Marke of Occusion of First Month Dewey Lewis, Sr. Pearl April 1 1961 218 SEX 219 SEX 210 COUR OR RACE 7. MARKIED NOVACED DEWEY MIDOWRED DIVORCED OCt. 9 1898 220 SULLA COCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRRHPLACE (Stote or foreign country) 220 CAT FOR MARKIED RACES? 220 EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? 220 EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? 220 EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? 220 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF WINDLY OCCURRED. (Enter nature of injury in Port I or Port II of Hem 18.) 220 EXTERNAL CAUSE WAS PRIMARY OF DEATH. DOT WORLD WINDLY OCCURRED. (Enter nature of injury in Port I or Port II of Hem 18.) 220 EXTERNAL CAUSE WAS PRIMARY OF DEATH. DOT WORLD WINDLY OCCURRED. (Enter nature of injury in Port I or Port II of Hem 18.) 220 EXTERNAL CAUSE WAS PRIMARY OF DEATH. DOT WORLD WINDLY OCCURRED. (Enter nature of injury in Port I or Port II of Hem 18.) 220 EXTERNAL CAUSE WAS PRIMARY OF ORDER OF WASHING ON WORLD O
216 New Hampshire Ave. 217 Month 218 April 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
December
Type or print Edwin Dewey Lewis, Sr Death April 1 1961
Male White WIDOWED DIVORCED OCt. 9,1898 63 yrs. Months Doys Hours Min. 100. USUAL OCCUPATION (Give kind of work done of working life, even if refired) 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Cumberland, Md. 107. Cumberland, Md. 108. AND PRAIL OLD THE PROPERTY Comberland, Md. 109. FATHER'S NAME WILLIAM E. Lewis 109. SOCIAL SECURITY NO. 17. INFORMANT NO 109. COR ONARY OCCLUSION 109. SOCIAL SECURITY NO. 17. INFORMANT NO 109. COR ONARY OCCLUSION 109. SOCIAL SECURITY NO. 17. INFORMANT NO 109. COR ONARY SCIEROSIS 109. WAS AUTOPSY PERFORMED? YES NO KENTRAL CAUSE WAS PERFORMED? YES NO KENTRAL CAUSE WAS PERFORMED? YES NO KENTRAL CAUSE WAS PRAIL CAUSE WAS PERFORMED? YES NO KENTRAL CAUSE WAS PERFORMED? YES NO KE
Male White WIDOWED DIVORCED Oct. 9,1898 62 yrs. Month Days Hour Min. Oc. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if relired) Car Foreman 13. FATHER'S NAME WILLIAM E. Lewis 14. MOTHER'S MAIDEN NAME Ella Mae Fisher 15. WAS DECASED EVER IN U. S. ARMED FORCES? To mon, or unknown) (If yes, give wor or defen of service) (If yes, give wor or defen or service) (If yes, g
Car Foreman Railroad Cumberland, Md. USA I. MOTHER'S MANUE William E. Lewis Ella Mae Fisher I. MOTHER'S MAIDEN NAME Ella Mae Fisher
Car Foreman Railroad Cumberland, Md. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S
Is. WAS DECEASED EVER IN U. S. ARMED FORCES? Its. WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or delite of service) Its. WAS DECEASED EVER IN U. S. ARMED FORCES? ITS. WAS DECEASED EVER IN U. S. ARMED FORCES? ITS. WAS DECEASED EVER IN U. S. ARMED FORCES? ITS. WAS DECEASED EVER IN U. S. ARMED FORCES? ITS. WAS DECEASED EVER IN U. S. ARMED FORCES? ITS. WAS DECEASED EVER IN U. S. ARMED FORCES? ITS. WAS DECEASED EVER IN U. S. ARMED FORCES? ITS. WAS DECEASED EVER IN U. S. ARMED FORCES? ITS. WAS DECEASED EVER IN U. S. ARMED FORCES? ITS. WAS DECEASED EVER IN U. S. ARMED FORCES? INTERVAL EXAMPLE OF INJURY MAD IN U. S. ARMED FORCES? INTERVAL EXAMPLE OF INJURY MAD IN U. S. ARMED FORCES? INTERVAL EXAMPLE OF INJURY MAD IN U. S. ARMED FORCES? INTERVAL EXAMPLE OF INJURY MAD IN U. S. ARMED FORCES? INTERVAL EXAMPLE OF INJURY MAD IN U. S. ARMED FORCES? INTERVAL EXAMPLE OF INJURY MAD IN U. S. ARMED FORCES? INTERVAL EXAMPLE OF INJURY MAD IN U. S. ARMED FORCES? INTERVAL EXAMPLE OF INJU
15. WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COR ONARY OCCLUSION Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X PRIMARY ar CONTRIBUTING 20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II af item 18.) While Not while at work 100 Miles (County) (Stote) While Not while at work 100 Miles (County) (Stote)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COR ONARY OCCLUSION Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X PRIMARY ar CONTRIBUTING 20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II af item 18.) While Not while at work 100 Miles (County) (Stote) While Not while at work 100 Miles (County) (Stote)
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) COR ONARY OCCLUSION Canditians, if any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) UE TO Canditians, if any, which gave rise to Immediate cause (a), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X YES YES YES NO X YES
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PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED tarm, factory, street, affice bldg., etc.) 20c. TIME OF INJURY (Home, farm, factory, street, affice bldg., etc.) 20c. TIME OF INJURY (Home, farm, factory, street, affice bldg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p.m. 19 20d. INJURY OCCURRED to the p.m. 19 20d. INJURY OCCURRED to the p.m. 19 20d. INJURY (Home, farm, factory, street, affice bldg., etc.) (City or tawn) (Caunty) (Stote)
~ <u></u>
~ <u></u>
~ <u></u>
21. I certify that I taak charge of the remains described above, held an XXXXXXX Inspection XI, Inquiry XI, and find that
death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined cause .
ACTUAL CHIEF MEDICAL EXAMINER D
ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) BENEDICT SKITARELIC. M.D. DEPUTY MEDICAL EXAMINER M APRIL 1. 1961
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial Hillcrest Burial Park Cumberland, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
James F. Scarpelli, Cumberland, Md. DATE APR 4 '61 Outland S. Kraus

VS. A15ME(5) 5M 9/55

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	DIVISION		AND RECORDS — BALTIMORE 1,		00.0
	2779	Ttem CERTIFIC	ATE OF DEATH		03773
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where decease	d lived. If institution: Resident	ce befare admission)
L	ALLEGANY .	MARYLANI	MARYLAND	B. COUNTY	LLEGANY
	 CITY OR TOWN (If autside carporate limits, w RURAL and give nearest tawn) 	rife c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If autside corpo	orate limits, write RURAL and g	give nearest tawn)
L	CUMBERLAND	3hrs LOmin.	CUMBERLAND	0-1	
	 d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION 	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	SACRED HEART DECATUR	STREET	216 N. CENTRE ST	REET	YES NO
3.	NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month	Day Year
	(Type or print) ADA	I.,	LONG DEATH),	13 1967
S.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	1 1 1 1 1 1 1 1	1 YEAR IF UNDER 24 HRS.
	FEMALE WHITE WIL	DOWED DIVORCED	1.1./7/88 1895	65 yrs. Manths	Days Hours Min.
10	a. USUAL OCCUPATION (Give kind af wark dane during mast of working life, rever if retired)	10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State or fareign of	auntry) 12. CITI	ZEN OF WHAT COUNTRY?
	dansewell-		MARYLAND	UN	ITED STATES
13.	FATHER'S NAME	N 1.	14. MOTHER'S MAIDEN NAME		70 70 70 70 70
	DECEASED	Conley	Cassie Mos	ney DECEASE)
	. WAS DECEASED EVER IN U. S. ARMED FORCES?		INFORMANT	Address	
(1	(If yes, give war or dates of service)	none.	CHART		
F	1B. CAUSE OF DEATH [Enter anly ane cause	per line far (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Coronary Occl	usion		I day
	DUE TO	<u> </u>	0.02.032		
	Canditions if any which				
	gave rise to immediate				
	lying couse lost.				
CERTIFICATION	(0)	ONS <u>CONTRIBUTING TO DEATH B</u>	BUT NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
		DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of injury in Part I or Pa	t II of item 1B.)	
S	20c. TIME OF INJURY Manth, Day, Year 2	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm, 20f. (Cit	or town) (C	Caunty) (State)
MEDI	Haur a.m. p. m. 19 a	While Nat while	factory, street, affice bldg., etc.)		
	21. I certify that (1) (this haspital) at		n 12 - 31 1953 to	4 - 13 , 196	I 45-4 //\ /> 1
	saw the deceased alive on 1	4-			
	22a. SIGNATURE		t death accurred at 2_18M, fram	ine causes and on the	22b. DATE
	P. W. Bal	lu,	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	SIGNED
	22c. PHYSICIAN'S		22d. ADDRESS		

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION MOVAL (Specify)

R. W. BALLIN, M.D. 23b. DATE THEREOF

62 GREENE ST., CUMBERLAND.

23d. LOCATION (Gity, tawn, or county)

25b. REGISTRAR'S SIGNATURE

25a. REC'D BY REGISTRAR DATE APR 1 7 '61

arihur S. Kraus

VR A1S (4) 1SM 9/59

03773 Court Mound and

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13779

YTNUC	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
ALLEGANY MARYLAND	MARYLAND 6. COUNTY ALLEGANY
ITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
UMBERLAND 50 MIN.	CUMBERLAND,
AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	6. STREET ADDRESS 502 MARYLAND AVENUE 1. IS RESIDENCE ON A FARM? YES NO
MEMORIAL HOSPITAL ME OF First Middle	
ME OF First Middle FEASED or print) SARAH S. MAR	OF 5
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE	8-1-1883 last birthday) Months Deys Hours Mln.
uring most of working life, aven if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
OUSEWIFE	RUSH, MARYLAND U.S.A.
	14. MOTHER'S MAIDEN NAME
SAMUEL WILSON	SUSAN M. SMITH
S DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN, or unkown) (Ifyasgive warordalesofservica)	IFORMANT Address
(ii) yargitta tial ol adiosolisal vice)	MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND
CAUSE OF DEATH [Enter only one cause fina for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	Corrected in the on Set and DEATH
IMMEDIATE CAUSE (8) ALT BEAUTICE	
DUE TO	a Composite hours and
nditions, if any, which (b) the mouse my	Clema)
raditions, if any, which (b) / Western (b) DUE TO	Coloma)
va rise to immadiata causa	Coloma)
ra rise to immadiata causa , stating the underlying DUE TO sa last. (c)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY BEDECOMMEN?
ra rise to immadiata causa , stating the underlying DUE TO sa last. (c)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO
The rise to immediate cause of the control of the c	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	PERFORMED? YES NO D
DUE TO so last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	PERFORMED? YES NO (Enter neture of injury in Part I or Part II of item 18.) E OF INJURY (Home, farm, ; 20f. (City or town) (County) (State)
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DUE TO sa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT . ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER; TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 DUE TO CONTRIBUTING TO DEATH BUT NOT 20b. DESCRIBE HOW INJURY OCCURED. (Whila Not Whila at work a	PERFORMED? YES NO (Enter neture of injury in Part I or Part II of item 18.) E OF INJURY (Home, farm, y, streat, office bldg., etc.)
DUE TO sa last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER] TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURED 20e. PLACI fector 20m. Mila 31 work 31 wor	E OF INJURY (Home, farm, y, streat, office bldg., etc.) 20f. (City or town) (County) (State)
DUE TO so last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Whila Not Whila at work at	(Enter neture of injury in Part I or Part II of item 18.) E OF INJURY (Home, farm, y, streat, office bidg., etc.) 19
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DUE TO so last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Hour a.m. p.m. 19 Certify that (I) (this hospital) attended the deceased from The deceased alive on	PERFORMED? YES NO PERFORMED? NO PERFORMED.
DUE TO sa last. DUE TO sa last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 Certify that (I) (this hospital) attended the deceased from	(Enter neture of injury in Part I or Part II of item 18.) E OF INJURY (Home, farm, y, streat, office bldg., etc.) ATTENDING MED. ATTENDING MED. DIRECTOR PHYS. 22d. ADDRESS 122 S. CENTRE STREET, CUMBERLAND, MD. R CREMATORY 23d. LOCATION (City, town or county) (Stata)
DUE TO Sa last. DUE TO CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING TO COUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) To TIME OF INJURY Hour a.m. p.m. 19 1 certify that (I) (this hospital) altended the deceased from To the deceased alive on	(Enter neture of injury in Part I or Part II of item 18.) E OF INJURY (Home, farm, y, streat, office bldg., etc.) ATTENDING MED. DIRECTOR STAFF PHYS. 19
DUE TO so last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Whila Not Whila at work at	(Enter neture of injury in Part I or Part II of item 18.) E OF INJURY (Home, farm, y, street, office bldg., etc.) 7, street, office bldg., etc.) death occured at

JAMES KA

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CHARLES THE

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RUSH, MARYLAND

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MERCHAL HOSPITAL - CURRENIAN, INSCHAIN

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SICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING

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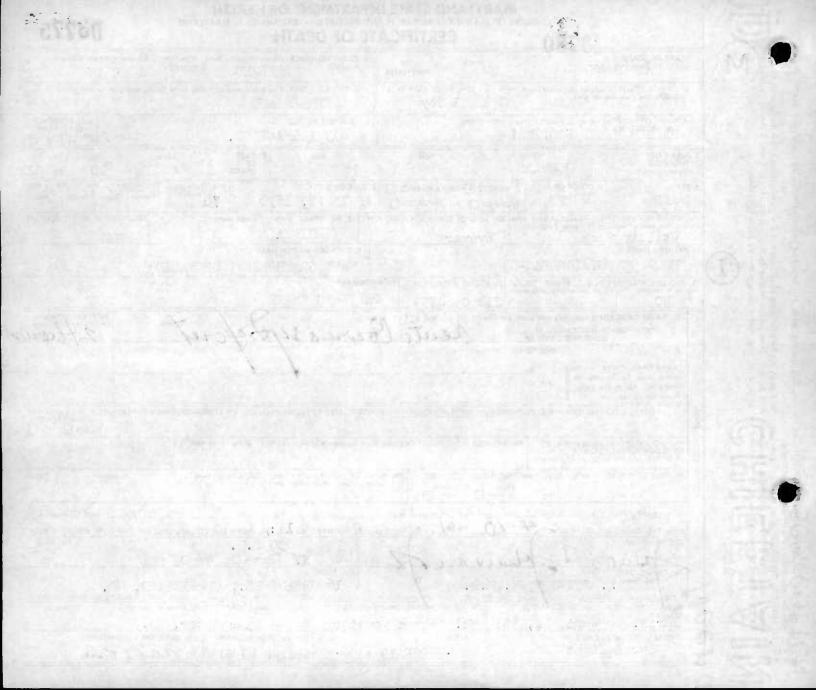
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03775

		- All		9517111			OI DE	~							
1.	PLACE OF DEATH	NY		MAR	YLAND	2.	USUAL RESIDER		ere decease		instituti		LEGAI		sian)
	CITY OR TOWN (IF	autside carporate limi rest tawn)	ts, write	c. LENGTH OF STAY	Y IN 1b	0.	c. CITY OR TO	WN (IF OR		rate limits,	write R	RURAL and	give ned	rest tow	n)
	SAINSTITUTION E	L (If not in hospital, g ART HOSPIT	AL	address)		1	d. STREET ADD		E ST.					ON	SIDENCE A FARM?
	NAME OF DECEASED Type ar print)	DOUGLA		Middle HUGH			MCCOY		4. DATE OF DEATH		Mar	RIL	Do	,	Year 19 61
S. 5	MALE	6. COLOR OR RACE WHITE	7. MARR	NEVER MARR	_		RIL 25,	189	0	9. AGE (In	years hday) yrs.	IF UNDE Manths	R 1 YEAR Days	IF UND Haurs	ER 24 HRS. Min.
10a	USUAL OCCUPATION during mast of warking Utility W	ng life, even if refired		kind of Business of	OR INDU	STRY	11. BIRTHPLAC		ar fareign co	ountry)		12. CI	TIZEN OF	WHAT	COUNTRY
13.	FATHER'S NAME		3.14			14	. MOTHER'S M.	AIDEN N	AME						
	HUGH MC C	OY (DECEAS	ED)				MARY SH	LANHO	LTZ (DECE	ASE	D)			
15. Yes	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give war or dates of so	ervice)	social security no			TENTS (HART		rws I	Add	ress			
	Canditians, if any gave rise to im cause (a), stating the lying cause last.	mediate (<i>2</i> -0-12	{ -			1	/						
CERTIFICATION		R SIGNIFICANT CON						10				VEN IN PA	RT 1(a) 1	PERFO	AUTOPSY ORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	UNDERLYING DATH	20b. DESC	CRIBE HOW INJURY O	OCCURRE	D. (Er	iter nature af ir	ijury in P	art I ar Par	t II af item 1	18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yea	While at wark	NJURY OCCURRED Nat while at wark			OF INJURY (Has street, affice bl			ar tawn)			(Caunty)		(State)
	21. I certify that saw the decease		attend 2 - / C	ed the deceased						the cause					
	22c. PHYSICIAN'S	77	Pier	xand	1	M.D.	ATTENDING PHYS. 22d. ADDRESS	30 ME	P.M.	STAFF PHYS.				22	b.DATE SIGNED
	MAFIES T			I.D. /				EENE	ST.,	CUMBI	ERL	AND,	MD.		
	BURIAL, CREMATION REMOVAL (Specify) BURIAL	April 14,	f 1961	Mt. Hebro						non (city, heste)				(Sta	te)
24.	Byron			ADDRESS Cumbe:	rlan	d,	7/5 2		BY REGIST			STRAR'S S			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

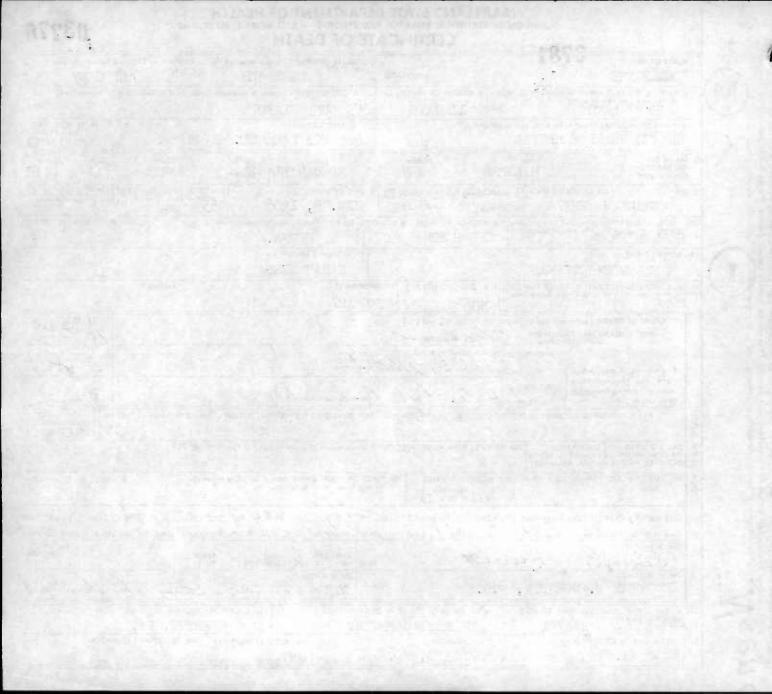
03776

2704	CERTITION	IL OI DEATH		-
1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (When o. STATE MARY)	e deceased lived. If institution: Resid	dence before admission) ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERIAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF out	side corporate limits, write RURAL or	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree SACRED) HEART HOSPITAL	t oddress)	d. STREET ADDRESS 223 XXXXX	XXXX RACE ST.	e. IS RESIDENCE ON A FARM? YES NOXX
3. NAME OF DECEASED (Type or print) First MILDRE	D Middle	MC DANIEL	4. DATE Month OF APRIL	3 19 61
5. SEX 6. COLOR OR RACE 7. MARK FEMALE WHITE WIDOW	RRIED NEVER MARRIED	B. DATE OF BIRTH JAN. 8, 1906	9. AGE (In years lest birthdoy) 55 yrs.	DER 1 YEAR IF UNDER 24 HRS 13 Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	OWN HOME	STRY 11. BIRTHPLACE (State or PENNA.	foreign country) 12.0	USA
13. FATHER'S NAME ELLSWORTH THOMAS		14. MOTHER'S MAIDEN NA SARAH HESS		
(Yes, no, or unknown) (If yes, give wor or dates of service)	ONE	CHART	Address	
Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost.	expetes Mall 4 Cerebral)	Tremourky		5-yea.
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT			PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
Hour o.m. While		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State
21. I certify that (I) (this haspital) attensaw the deceased alive an Africa. 220. SIGNATURE Clery.	3_196 / and that c	M.D. ATTENDING MED	M, fram the causes and an ector Phys. STAFF	
22c. PHYSICIAN'S NAME CLARY E. DURRETT, M.	D.	22d. ADDRESS 236 Va.	Cens. Com	Leslandres
23d. BURIAL CREMATION, 23b. DATE THEREOF BURIAL 4/6/61	23c. NAME OF CEMETERY CEME		EVERETT, PA.	
24. FUNERAL DIRECTOR'S SIGNATURE BYRON KIGHT CU	ADDRESS JMBERLAND, MD.	24.75	BY REGISTRAR 25b. REGISTRAR'S	

may be revained by the hospit. It certificate has been signed by the ottending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.

page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or removal, and in any event within 2 hours after death. SICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO HOSPITAL OR ATTENDING VR A15 (4) 15M 9/59



FOR STATE LITH DEPT.

TO DEPUTY MEDICAL EXAMINATE: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

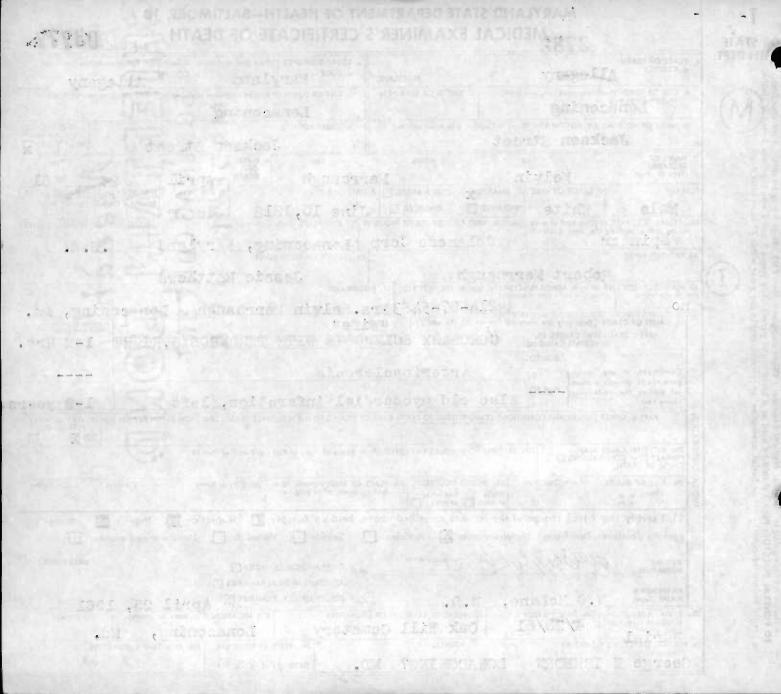
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours offer, death.

O 0 4 O VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3782 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea.	FD: -A	A.	3	7	7	1
Rea.	Dist.	No.	~	-		

I. PLACE OF DEATH	Allegany	MARYLAND	o. STATE MAI	E (Where deceased li	b. COUNTY	n: Residence before Allega	
and give caprest to	(If outside corporate limits, write RURA aconing	c. LENGTH OF STAY IN 16		(If outside corporor	te limits, write RU		
	ital or institution (if not ackson Street	in hospitol, give street address)	d. STREET ADDRES		Street		e. IS RESIDENGE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Melvin	Middle	errbaugh	4. DATE OF	Month	Doy	Yeor 19 61
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DOWED DIVORCED		9. A	at & balled at a 1	UNDER TYEAR onths Days	IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPAT during most of work Spinn 13. FATHER'S NAME	ing life, even if retired)	Celanese Corp	TRY 11. BIRTHPLACE (SI	tote or foreign count		12. CITIZEN OF	WHAT COUNTRY?
NA MAC DECEASED F	Robert Merr		Je	essie Ma			
15. WAS DECEASED E	VER IN U. S. ARMED FORCES:		s.Melvin		Address	naconi	•
couse lost.	underlying (c) A	Arterioscl lso old myocar ns contributing to death But i	dial infa			IN PART 1(0) 19	1-2 year 1-2 year PERFORMED? ES NO
PART II, O' 200. EXTERNAL CAUSE OF DEATH	AUSE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Port I or Port II of it	em 18.)		
20c. TIME OF INJ		20d. INJURY OCCURRED 20e. PLA White Not white of work at work	CE OF INJURY (Home, flory, street, office bldg.,	form, 20f. (City or t	own)	(County)	(State)
ACTUAL SIGNATURE	resulted from: Notu	the remoins described obcorral causes A. Accident	M.D. CHIEF MEDICAL	Homicide	, Undeterm	Inquiry ,, ined monner	ond in my
	W.O McLane	22c. NAME OF CEMETERY OF	7-7		April (City, town, or c	25, 196	Stole)
REMOVAL (Specif	1 4/28/61	Onla 22177 0	emetery	-	coning,	Md.	
23. FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR		AR'S SIGNATURE	
George I	E ICHHORN	LONACON ING?	D. DATE	APR 28'61	Can	lun S. Had	



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificate, writing from "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 she forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			1)	\prec	7	7	0
Reg.	Dist.	No.	U	U	6	-	Ð

3 1						TI					_		
H	1. P	LACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY							
		Alle	egany		MARYLAND	U. JIAIL	Mary	vland	D. COOI41	Alle	gan	у	
	Ь	CITY OR TOWN (If a and give nearest town)	ulside corporale limits, writ	e RURAL	c. LENGTH OF STAY IN 16				orote limits, write	RURAL and	give ne	arest town)	
		Cumber 1 a	nd:			V2 Cumberland							
	d	NAME OF HOSPITA	L OR INSTITUTION (If not in hos	pitol, give street oddress)	4	T ADDRESS					e, IS RESIDENCE ON A FARM?	
1		Sacted H	eart Hospi	tal		2:	23 Nor	th Lee	Street			YES NO	
	.0	AME OF DECEASED	Fir	st	Middle		ast	4. DATE OF	Mont	h	Day	Year	
	(Type or print)	Chloe		Lee	Moat	3	DEATH	4	12.	1	1961	
	5. S	EX	6. COLOR OR RACE	7- MARRIE	ED NEVER MARRIED	8. DATE OF BIT	TH		9. AGE (In years last birthday)	IF UNDER	-	IF UNDER 24 HRS.	
7		Female	White	WIDOWE		-11	39		72 ym.	Months	Days	Hours Min.	
	10a.	USUAL OCCUPATION	N (Give kind of work	done 10b. k	CIND OF BUSINESS OR INDU	STRY 11. BIRTH	PLACE (State	or foreign c	ountry)	12. CITI		WHAT COUNTRY	
4		Housewi		Ow			Mary	land			U.	S.A.	
1	13.	FATHER'S NAME		A 1.5		14. MOTHER	'S MAIDEN	NAME					
		Frederi	ck Lee Lea	se		E	lizabe	th Co	oleman				
1		WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		055050	Address	Cui	mbe	rland.M	
i	,	No,			None Mi	cs. Ea	rl Th	ompso	n 563 P			n Ave.	
7		18. CAUSE OF DEAT	H [Enter only one car	se per line	for (o), (b), and (c).			•			INTER	AL BETWEEN	
		PART I. DEATH	HWAS CAUSED BY		CORONARY	OCCLUS	ION				S	SUDDEN	
H	4	420.1	DUE TO	17.29					3111523	3136	7		
		Conditions, if on			CORONAR	Y SCLER	OSIS						
		(o), stoling the underlying DUE TO											
ī		couse fost. (c)											
	NO.	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASI	CONDITION GIV	VEN IN PART	1(0) 19	P. WAS AUTOPSY PERFORMED2.	
	3								25.57		Y	ES NO	
	CERTIFICATION	20a. EXTERNAL CAUS	SE WAS	b. DESCRIB	E HOW INJURY OCCURRED.	(Enter noture of	injury in Por	t I or Port II	of item 1B.)				
		CAUSE OF DEATH.										Land 1	
Ĥ	MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	or 20d.	1 6-	ACE OF INJUR'			or town)	(Cou	nty)	(Stote)	
	ME	Hour o.m.	19		ork ot work								
1		21. I certify the	at I took charge	of the	remains described ab	ave, held o	n Autaps	y 🔲, Ir	spection X	Inquir	y X	and find tha	
		death resulted	fram: Natural	causes v	, Accident , St	vicide,	Homicide	. Ur	determined o	cause 🔲			
١		0.	, i	1 /1								DATE SIGNED	
		SIGNATURE ()	omedica	Me	darely)	M.D. CHIE	MEDICAL E	XAMINER [DATE SIGNED	
6		EXAMINER'S	6			ASSIS	TANT MEDIC	AL EXAMINE					
		NAME (Type)	Renedict S	Skitar	elic, M.D.	DEPU	TY MEDICAL	EXAMINER [J April	1, 19	61		
	220.	BURIAL, CREMATION	, 226. DATE THERE		22c. NAME OF CEMETERY C			22d. LOCAT	ION (City, town,	or county)		(Stote)	
1		Burial	4/4/61		Hillcrest I	Burial	Park	Cum	berland				
	23.	FUNERAL DIRECTOR'S			ADDRESS		24a. REC	D BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATUR	E	
		H. Wayne	George	Cumb	perland, Md.		DATE	R 4 '61	Civ	Chur S. 9	Trave		

VS. A15ME(5) 5M 9/55

or removal.

	CAS EXAMINE	IOBIA	
constitution of the sales of th			COLUMN S
		E PO GLOVE BANK	
		State James	
Den Sone Digeneke stad sest sest sest sest sest sest sest ses			
	. 5.112		
Older State of the		8 23 8 25 9 6	

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VR A15 (4) 15M 9/59 3784

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

GS 4 4/10/61 iw

03779

1. PLACE OF DEATH a. COUNTY	7001	is Eja, D, C		O. STATE		d lived. If institution b. COUNTY		ore admission)				
	ALLEGANY		MARYLAND	11220	IRGINIA		MINERA	L				
RURAL and give	*** ** ***		OF STAY IN 16	Rt. #1 Ric	WN (If outside corpo		URAL and give ne	arest tawn)				
P.CUMBERLA	WD OWD W.	1 DA	Y	d. STREET ADD				IC DECIDENCE				
OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Sacred Heart DECATUR ST. CUMBERLAND,				KE22	85	X 3	e. IS RESIDENCE ON A FARM?				
	Heart DECAT	JR ST. CUMB	ERLLAND, M	7 •		00	7-3	YES NO				
3. NAME OF DECEASED (Type or print)	ELIZABETH 31		JANE M	ORELAND	4. DATE OF DEATH	Man 4/	yh j	Year 61				
5. SEX	6. COLOR OR RACE	7. MARRIED NEV	ER MARRIED	B. DATE OF BIRTH	100	9. AGE (In years		R IF UNDER 24 HRS				
FEMALE	WHITE	WIDOWED	DIVORCED	10/20,	/68	last birthday) Zyrs.	Manths Days	Haurs Min.				
10a. USUAL OCCUPA during most of w	TION (Give kind af wark arking life, even if retired	dane 10b. KIND OF BU	ISINESS OR INDUS		E (State or foreign o	country)	12.CITIZEN O	WHAT COUNTRY				
13. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME							
TUCMAS	HENDERSON			MARY H	ENDERSON							
15. WAS DECEASED E	VER IN U. S. ARMED FOR		URITY NO. 17. IN	FORMANT		Add	ress					
(Yes, no. or unknown)	(If yes, give war or dates of s	ervice)		CHART								
In CAUSE OF D	EATH [Enter anly ane co						LINIT	TERVAL BETWEEN				
gove rise to couse (o), statir lying couse las	g the under-)	IC TO DEATH BUIL	NOT BELATED TO T	IE TERMINIAL DISEAS	SE CONDITION CIVI	(FALIAL BART 1/G)	10 WAS AUTORS				
ICATIC		DITIONS CONTRIBUTIO	NO TO DEATH BUT	NOT REDATED TO TE	TE TERMINAL DISEA:	SE CONDITION GIV	ZEN IN PART T(0)	PERFORMED? YES NO				
20c. TIME OF INJ Hour o. m p. m	10	while Not who to wark of wark	hile fac	ACE OF INJURY (Har tary, street, affice b		y ar tawn)	(Caunty	r) (State				
	21. I certify that (I) (this haspital) attended the deceased fram. 3/3/											
22o. SIGNATURE	saw the deceased alive an 3/1/20, and that death accurred atM, from the causes and an the date stated above 220. SIGNATURE ATTENDINGMEDSTAFF PHYS											
22c. PHYSICIAN'S NAME (Type		DLER MD.		22d. ADDRESS 43 GF	REENE ST.	CUMBERL	AND, MD.	/ /				
23a. BURIAL, CREMAT REMOVAL (Speci Burial			els Ceme		Control of the Contro	TION (City, town,		(State)				
24. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRE	ESS	2:	5a. REC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGNATU	JRE				
Seith	Skuller	Rom	44 M	16/1 0	ATEADE 6	61 0.	11. 2 8 #					

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VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Titems 11,13 & 14 Film G285 4/24/61 iwk CERTIFICATE OF DEATH

3785

Reg. Dist. No. 03780

_											
	PLACE OF DEATH			MARYLA		o. STATE		sed lived. If institut b. COUNTY		gany	dmission)
	b. CITY OR TOWN RURAL ond give r	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	1b		land (If outside cor	porote limits, write l			town)
				5 month	. ×	Lava	1.				
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street	oddress)		d. STREET ADDRES				e. IS	S RESIDENCE ON A FARM?
	1228 V	ocke Road				228 Voc	ke Ro	ad			S NO
	NAME OF DECEASED		rst	Middle		Last	4. DATE	Mo	ıth	Day	Year
	(Type or print)	ELIZABET		T.		DRGAN	DEAT	4	T	12	181
S. 5	SEX	6. COLOR OR RACE	7- MARR	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)	Months		UNDER 24 HRS
	F	W	WIDOWI	DIVORCED [11-28-18	86	7 4 yrs			
10a	. USUAL OCCUPATI	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S	tote or foreign	country)	12. CIT	IZEN OF WH	HAT COUNTRY
H	ousewif			wn Home		Mar	yland			U.S.A	
	FATHER'S NAME				1-	. MOTHER'S MAID	EN NAME				
	Tim	mothy C. Ci	11100			Bridge	t Dona	hue			
15.	WAS DECEASED EV	ER IN U. S. ARMED FOR	RCES? 16.		INFO	RMANT			ress		
(Ye	i. no, or unknown)	(If yes, give war or dates of	service)	27							
	NO CAUSE OF DE	None	12	None		1/		1		LINITEDIA	AL BETWEEN
		ATH [Enter only one contact of the c	ouse per III	no for (o), (b), ond (c)	-	Ma	/				AND DEATH
	TAKI I. DE	IMMEDIATE CAUSE () (reon	W.	/Pm	gen	age		5	say 3
	33	DUE TO		11/1	-			1		Ser	recel
	Conditions, if			Typeria	nsi	On				14	ears
	gove rise to couse (o), stating				TO U						
	lying couse lost		c)							/	
Z	PART II. OT		-	CONTRIBUTING TO DEATH	BUTNO	RELATED TO THE TI	ERMINAL DISE	ASE CONDITION GI	VEN IN PAR	T 1(o) 19. V	VAS AUTOPSY
CATION											ERFORMED?
	20g. ACCIDENT W	AS UNDERLYING []	20h. DES	CRIBE HOW INJURY OCC	LIRRED (F	nter noture of injury	v in Port I or P	ort II of item 18.)			
CERTIF	OR CONTRIBUTING	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)									
MEDICAL		IRY Month, Doy, Ye	ear 20d. II	NJURY OCCURRED 20		OF INJURY (Home,		ity or town)	(1	County)	(Stote)
EDI	Hour o.m.	10	While of wor	Not while	toctory	, street, office bldg.,	, etc.)				
2	p. m.		_	16	A 70		000	-17 1	/		
	21. I certify t	that I attended the	deceas	ed from	28	19 to_	The	12, 1964	thot I lo	ost saw th	ne deceosed
	alive on U	25/0-	, 19_6	ond that d	eoth oc	curred ale		n the causes a		e date st	
		111 Am	2	0,			ADDRESS	(Street, city) or lown	stote)	"	DATE SIGNED
	SIGNATURE	WIII	0	and	M.D.		17	prou	14	47	14-61
	PHYSICIAN'S	11919	na	Pano	Sm	10	'	m/			
220	BURIAL, CREMATION	ON, 22b. DATE THEREO	OF.	22c. NAME OF CEMETE	/// OP CE	EMATORY	224 100	ATION (City, town,	or county)		(Stote)
	REMOVAL (Specify			THAME OF CEMETE	K. OK C	EMATORI					(3/3/4)
22	Burial FUNERAL DIRECTOR	4-25-6	1	Stanichs	els	Comoter	Fr	estburg	STRAR'S SI	CNIATURE	Md.
10	A. A. L	Haf	er F	uneral Hon	ne		REC'D BY REG		Lug S.		
NI	ellah N.	mullegal		oin Frant		MA DATE	IPR 19') i	A. 1		

backers a recent all Le cappe MANAGER STATE OF THE STATE OF T A STATE OF THE RESIDENCE OF The state of the state of the state of ORDER DELEGATION OF STREET Electric Management and a second of the

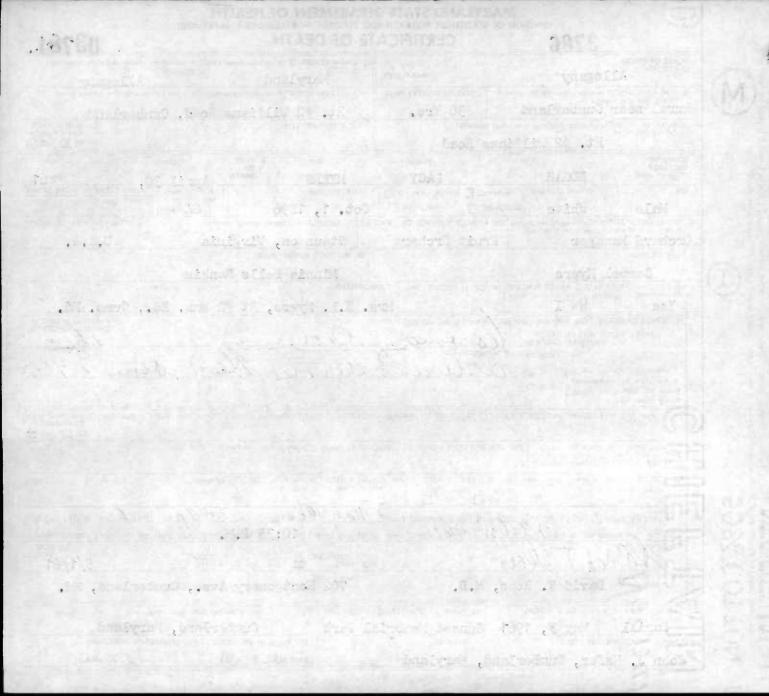
TO HOSPITAL OR ATTENDING VICIAN: The low requires that the death certificate be executed within 24 hours after death. Poormay be retained by the hospital of the death of the physician of FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directors as should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 3786

03781

1. PLACE OF DEATH a. COUNTY Allegany	MARYLAND	a. STATE	ere deceased lived. If institution b. COUNTY	Residence before admission) Allegany
b. CITY OR TOWN (If autside carporate limits, write	LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate limits, write RUF	
Rural near Cumberland	30 Yrs.	X Rt. #2 Wi	lliams Road, Cu	mberland
d. NAME OF HOSPITAL (If nat in haspital, give street ad OR INSTITUTION	ldress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Rt. #2 Williams	Road	1		YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) EDGAR	LACY	MYERS	OF DEATH April 3	0. 1961
S. SEX 6. COLOR OR RACE 7. MARRIE	DE NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years 1	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male White WIDOWED	DIVORCED _	Oct. 1, 1896	64 yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. KI during most of working life, even if retired)	ND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
Orchard Manager Fr	uit Orchard	Staunton,	Virginia	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Samuel Myers		Minnie Be	elle Rankin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no, or unknown) [1] (If yes, give wor or dates of service)	OCIAL SECURITY NO. 17. IN	FORMANT	Addres	ss ———————————————————————————————————
Yes WW_I	Mr	s. E.L. Myers.	Rt #2 Wms. Rd	Cumb Md
18. CAUSE OF DEATH [Enter anly one cause per line	far (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	orenary	Relen	- Lu	I how
4) A O DUE TO	X		11 ~	
Canditians, if any, which) (b)	revus o	- elevole	Axeau d	ena 19ea
gave rise to immediate cause (a), stating the under-				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	BE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I ar Part II af item 18.)	
		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.		(Caunty) (State)
Haur a.m. p. m. 19 While	IAGI MIIIE	The street, diffice blug., etc.		
21. I certify that (I) (this haspital) attende	d the deceased from	Man 1960 10	10 30 CM	_, 19_6_L, that (I) (we) lost
sow the deceosed alive on 79 Chr.	/ / /			on the date stoted above.
22a. SIGNATURE				22b. DATE
Mary Maix		M.D. ATTENDING ME	D. STAFF PHYS.	5/1/61 SIGNED
22E PHYSICIAN'S Don'd TO Page	M D	22d. ADDRESS		handand Ma
NAME (Type) David T. Rees,	M. D.	702 Montgo	omery Ave., Cum	per rand, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, tawn, ar	county) (State)
REMOVAL (Specify) Burial May 3. 1961	Sunset Memoria	al Park	Cumberland, M	aryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
John J. Hafer, Cumberland	Maryland	DATE MA	Y 3 '61 ant	hun S. Krans



DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE Where deceased lived, If institution: Rasidence before admission PLACE OF DEATH a. COUNTY a. STATE b. COUNTY CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) MARYLAND Allegany c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 15 Frostburg 10days
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 10days Frostburg d. STREET ADDRESS a. IS RESIDENCE Box 166 ON A FARM? (Eckhart YES NO X Miner's Hospital Middle DECEASED (Type or print) RANCE DEATH 19 19 61. 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | FF UNDER 24 HRS. last birthdey) WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Kelly Springfield Tire Worker U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John D. Myers Katherine Goodwin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Addr Frostburg, (Yes, no, or unkown) | (If yes give war or detes of service) oval 213-09-6420 Mrs. Susie Myers, R.D.#3, Box 166 None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 1000 de IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the undarlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED ON GIVEN IN PART 1(e) 1 19 WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18,) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' (State) 20c. TIME OF INJURY Month. Dev. Yeer 20f. (City or town) (County) fectory, street, office bfdg., etc.) While Not Walle Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from.19 C. L., and that death occured at 1.2 M, from the causes and on the date stated above. saw the deceased alive on... DATE 22a. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ROTTISIEIN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county 23a. BURIAL, CREMATION, | 23b. DATE THEREOF

Eckhart Cemetery

Hafer Frostburg. Md.

Eckhart.

DATE APR 2 4 '61

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Cirthun S. Kraus

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OPPOIL MEDICAL EXAMINE: This certificate should be executed within 24 hours after death. If any delay is necessary, please	cute the certificate, writing ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 sh		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the registrar prior ta burial, crema	
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VS. A15ME(5) 5M 9/55

		3788 ME	DICA	L EXAMIN	ER'S	CERTIF	ICAT	E OF	DEATH	Reg. Di	st. Na	03	783
7.	PLACE OF DEATH	Alle	gany	MAR	YLAND	2. USUAL RES	Mary		b. COUNT				usion)
17:	o. CITY OR TOWN (If outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (IF	autside corp	orate limits, write				vn)
1	Flints		. 2	12 Years		X Flin	tston	e R.	D. 2				
	I. NAME OF HOSPI	TAL OR INSTITUTION (If not in hos	pital, give street addre	15)	d. STREET A	DDRESS					ON	SIDENCE A FARM?
3.	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE	Mont	h	Day	Ye	ear
	(Type or print)	Core	a.	Godda	rd	Perry		DEATH	April		7	19	9 61
5. 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D 🔲 8.				9. AGE (In years lost birthday)	IF UNDER			R 24 HRS.
	Female	White	WIDOWE	DIVORCED		Sept 30.	1884		76 yrs.	Months [Days	Haurs	Min.
10c	. USUAL OCCUPATI	ON (Give kind of working life, even if retired)	dane 10b. K	IND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	CE (State	or fareign co	ountry)	12. CITIZ	EN OF	WHAT	COUNTRY
l '	Housek		A	t Home		New	York			11	. S.	. A.	
13.	FATHER'S NAME					14. MOTHER'S		AME					
	Julius	Goddard			10.7	Ce	ora Cl	hanin					
		ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	. 17. IN	FORMANT	7100 0.	222	Address				
1	No	If yes, give war or dates of		20-10-7394	Ka	rl G. Pe	errv	Flin	tstone,	Marmrl:	hae	T G	2
	18. CAUSE OF DEA	TH Enter only one cou	se per line	for (a), (b), and (c).]	1 40			4. 10. 10. 10. 1	ob oone,	mary re	INTER	VAL BETWE	EN
	PART I. DEA	TH WAS CAUSED BY		CORONARY	7 0	CCLUSI	ON				ONSE	and DEA	en
	(1)												
14	Conditions, if	DUE TO		CORON	IARY	SCLE	ROSI	S					President Control
	gave rise to imme (o), stating the cause lost.	dicte couse											6
CATION	PART II. OT	HER SIGNIFICANT CON		ENTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART		PERFO	NO K
CERTIFICATION	20g. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.	NTRIBUTING	b. DESCRIBE	HOW INJURY OCCU	RRED. (En	nter nature of inj	ury in Part	f or Part II o	of item 18.)				
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.	IRY Month, Day, Yeo	While	NJURY OCCURRED 2 Not while of wark	factor	E OF INJURY (H ry, street, office	lome, form, bldg., etc.)	20f. (City	ar town)	(Cau	nty)	124	(State)
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause												
	ACTUAL SIGNATURE Benedict Skitarelia M.D. CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER												
	EXAMINER'S NAME (Type)	BENEDICT S	KTM A	RETTO M	D			XAMINER T		7	196	. 7	
220		ON, 225. DATE THEREC		22c. NAME OF CEMET	FRY OR (I APRI		130	(State	1
	REMOVAL (Specify Burial)	961								-7		,
23.	FUNERAL DIRECTOR		701	Westminis ADDRESS	cer (BY REGISTR	minister	STRAR'S SIG			
	Ruth E.		umber	land Mar	ylan				61		7 1/2	1444	

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e. IS RESIDENCE ON A FARM? YES NO X

WAS AUTOPSY PERFORMED? NO F

(Stata)

Md.

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15M 9/60

17.30 VELLANDER CESS \$ 8 10 1 very of the trees (funts) ______ funt orl - _____ (found) grants orl de la company de Satisfied Spinner Coloness Grap, and british Tolk, its error to for Commence and was Continued to the state of the second Samuel Contract Contr Company to the second s Toka B. Dovel , Lovel & wheth 12/2 2 /05 John B. Davis, Mile - a Browniany Provided 1115 Period Total Company and the Company of the Company ALL YOUR SERVICE OF THE PROPERTY OF THE PROPER

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2700

Reg.	Dist.	No.	U	3	7	8	5

	Caul			Key.	DIST. NO.
1. PLACE OF DEATH	Allegany	MARYLAND	2. USUAL RESIDENCE (When	and b. COUNTY A	idence before admission) Llegany
b. CITY OR TOWN (III ond give peores) town Cumber 1	f outside corporate limits, write RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If our Cumber la	tside corporate limits, write RURAL o	
	hart Drive	n hospital, give street address)	d. STREET ADDRESS 861 Geph	art Drive	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Pauline	May		DATE Month OF April	Day Year 28. 1961
5. SEX Female	107 10 2 40 0	ARRIED NEVER MARRIED 8.	DATE OF BIRTH	last birthday)	ER 1YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION during most of working HOUSEW1.	ON (Give kind of work done 1 ng life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTI	Carnie, I	foreign country) 12. C	ITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edwin	A. Sherwood		14. MOTHER'S MAIDEN NAM		
15. WAS DECEASED EV (Yes, no. or unknown) NO 8	(ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		s. Thornton	C. Race Abing	ton, Penna.
	diote couse	Asphyxiati	on oxide poison	ning	interval between onset and death 1 Hr.
20g. EXTERNAL CAU	Coronary S C USE WAS NTRIBUTING F	IS CONTRIBUTING TO DEATH BUT NO LET OF STATE OF	d: myocardia ter noture of injury in Port I o lugged E OF INJURY (Home, farm, 1)	nl hypertrophy or Port It of item 18.)	PERFORMED?
	April 28:61	While Not while factor	ry, street, office bldg., etc.)	Cumberland, A	lleg. Md.
ACTUAL SIGNATURE	enedict Skit	Retarelect	M.D. CHIEF MEDICAL EXAM ASSISTANT MEDICAL EXA DEPUTY MEDICAL EXA	, Undetermined cause [INER EXAMINER	DATE SIGNED
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		MINER M April d. LOCATION (City, town, or county Cumberland, M:) (Stole)
23. FUNERAL DIRECTOR H. Way		ADDRESS amberland, Md.	24o. REC'D 8	Y REGISTRAR 24b. REGISTRAR'S	SIGNATURE

TO DEPUTY MEDICAL EXAMINAR: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing over 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shows forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremotian,

VS. A15ME(5) 5M 9/55

or removal.

CELTIFICATE OF DEATH			
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TO HOSPITAL OR ATTEN IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours and death. Page 4 may be retain by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
The law re	s been sign purial-trans II, crematic
TO HOSPITAL OR ATTEN IG PHYSICIAN: The law requires the Geath. Page 4 may be refailed by the hospital or attending physician.	: After this certificate ha detached for use as the t of Health prior to buria
OR ATTEN	IRECTOR should be State Dept
TO HOSPITAL (death. Page 4 m	TO FUNERAL D director, page 3 be filed with the
VR 15	M 9/60

	DIVISION O	A F STATISTICAL 791	RESEARCH	AND RECORDS	PARTMENT C , 301 W. PRESTO E OF DEAT	N STREET, BALTIA	MORE 1, MAR	VLAND 03786
a	CITY OR TOWN (if	LEGANY outside corporate limits,	l c. LE	MARYLAND NGTH OF STAY IN 1b	a. STATE WEST	VIRGINIA b. CO	OUNTY Mine	eral
	CUMBER L	A NO	2	26 DAYS	PATT	ERSON CREEK		
d		L HOSPITAL	not in hospital, g	ive streat addrass)	d. STREET ADDRESS	. BOX 16	85 X-3	•. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED Type or print)	First RON		MEAR LE	RATCLIFF	OF DEATH A	APRIL 27	19 61
5.	MALE		. MARRIED [] N	DIVORCED	JUNE 25, 19	9. AGE (In ya last birthda yn	s.	Hours Min.
don	NONE	ON (Give kind of work king life, even if retired)	10b. KIND OF	BUSINESS OR INDUSTR		AND, MARYLAND		J.S.A.
13.	JUST IN	M. RATCLIFF				LINE TWIGG		
		R IN U.S. ARMED FORCE yesgivawarordates of ser			INFORMANT EMORIAL HOSP		ress RLAND, MAR	YLAND
	PART I. DEATH	EATH [Enter only one come was CAUSED BY: MMEDIATE CAUSE (a)			nd Ind	ection		NTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any gave rise to immedia	ite cause	4	eHer-	Siwe's	Disease		6 mo.
NO	(a), stating tha uncause last. PART II. OTHER	(c)	ONS CONTRIBUT	TING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERT		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCURE	D. (Enter natura of injury i	n Part I or Part II of itam 18.)		YES NO
MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Dey, Year			ACE OF INJURY (Home, fa ttory, street, office bldg., e	fc.)	(County)	(State)
	21. I certify that (I) (this hospital) attended the deceased from Oct 1960, to Apr 27, 1961, that (I) (we) last saw the deceased alive on 1961, and that death occurred at 1950 from the causes and on the date stated above.							
	226. SIGNATURE WITH A ATTENDING MED. PHYS. STAFF PHYS. DIRECTOR PHYS. DATE SIGNED 226. PHYSICIAN'S NAME (Type) DR. ROBERT D. BRODELL ATTENDING MED. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DATE SIGNED 226. ADDRESS 129 S. LIBERTY STREET, CUMBERLAND, MD.							
23a	NAME (Type) BURIAL, CREMATIC	DR. ROBER	T D. BRC	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City		(Stata)
	REMOVAL (Spacify) Buraal FUNERAL DIRECTOR	4/30/61		Ft. Ashby		Fort Ashb		NATURE
24		Hafer, Cumb	erland,		DATE		anthy 2. to	

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TES S. LIBERTY STREET, CUMERLAND, M.

P.O. 500 157 M

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CHOSERLEND, PARYLAND

Sories 1.20/ 1 - 21. Author Constant Forth Miller, M.Vo.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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AL DIRECTOR: After Whis certificate has been signed by the attending physician and campletely filled in by the funnauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

(SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 AL OR ATTENDING

ILIZON OF	may be re	TO FUNERA	page 3 sh	the State
R 1S	A	1S 9/5	(4)	

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (V		If institution: Reside	nce befare admission)
:	Allegany	MARYLAND	Maryland			anv
b. CITY OR TOWN (RURAL and give n	If outside carporate fimits, write	c. LENGTH OF STAY IN 16	c. CHY ON TOWN (I	f outside corporate lin	nits, write RURAL and	give flearest town)
CUMBERI	AND TAL (If nat in hospital, give street	LODAYS	d. STREET ADDRESS	LAND		e, IS RESIDENCE
OR INSTITUTION	IAL (it not in nospital, give street	address)	d. STREET ADDRESS			ON A FARM?
SACR	ED HEART HOS	PITAL	38 61M R	ACE STREET		YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day Year
S. SEX		MAY RE	B. DATE OF BIRTH	A	E (In years IF UNDE	R 1 YEAR IF UNDER 24 FIRS
3. 3EA	1000	RIED NEVER MARRIED	B. DAJE OF BIRTH	last	birthday) Months	
female	white WIDOW		5-29-89	7	yrs.	
10a. USUAL OCCUPATION	ON (Give kind af work dane 10b king life, even if retired)	. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Sto	ote or fareign country)	12.CI	TIZEN OF WHAT COUNTRY
HOUSEWIFE		Own home	XXXX Gr	eenridge,	Maryland	TI C A
13. FATHER'S NAME			14. MOTHER'S MAIDEN			U.O.R.
an Was or a second	(-)					
	E DATLEY (D)	. SOCIAL SECURITY NO. 17.	INFORMAN SARAH S	TRAWBRIDGE	DAILEY (I	0)
(Yes, no, or unknown)	(If yes, give war or dates of service)	. SOCIAL SECURITI NO. 17.	INTORMANT		Address	
No		None	CHART			
1B. CAUSE OF DE	ATH [Enter only one cause per I	ine far (a), (b), and (c).]		0101		INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	36001. 3	Therefore	00/110	601	2 Mach
4222	IMMEDIATE CAUSE (a)	xxx anny	for per	The Contract of the Contract o		NEGLA MAZE
ノムカン人	DUE TO	Pl K	1//	1	111	5111
Canditions, if a		firence	MALLE	call	1	- 401/
cause (a), stating						
lying cause last.			J			V
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
ATA	Otro	7 100711	Dalla			PERFORMED?
200 ACCIDENT W	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCUR	PED (Enter nature of injury	in Part I or Port II of	item 18.1	7.50 7.00
OR CONTRIBUTING	G CAUSE OF DEATH	SCRIBE HOW WOOK! OCCOR!	LED. LEMEL HOUSE OF INJURY			
20c. TIME OF INJU Haur a. m. p. m.	RY Month, Day, Year 20d.		PLACE OF INJURY (Hame, fo		vn)	(County) (State
Haur a.m.	19 While	Not while	factory, street, office bldg.,	erc.)		
	at (I) (this haspital) atten		Mirelis	1966 to as	4182719	(al, that (I) (we) las
	ised alive an Afril		death accurred at 3	. 2-1)		
220. SIGNATURE	Jee din din		dedill decorred di		doses and an n	22b. DATE
1	J. Jal	\	M.D. PHYS.	MED. STA		4 _ n - SIGNE
22c. PHYSICIAN'S	* Kolins	Ton A	M.D. PHYS.	DIRECTOR PH	15. [_]	1 51 6
NAME (Type)	<	- /	and Apple 33			
	DR. J. JOHNSON JE		16	GREEN STRE	CUMBER	LAND MD+
23a. BURIAL, CREMATI		23c. NAME OF CEMETERY	OR CREMATORY		City, town, or county	
REMOVAL (Specify	4/30/61	Davis Memo	rial Cemetery	Cumberl	and, Mary	land
24, FUNERAL DIRECTOR	77.2	ADDRESS		EC'D, BY, REGISTRAR	2Sb. REGISTRAR'S S	
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TO DEPUTY MEDICAL EXAMINES: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing for "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be executed by the funeral director.	Townstread to the Chief medical examiners of the grand with remarks. Tage 5 may be retained to your ties. TO FUNCTION FOGE 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, ar removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 03788

1	PLACE OF DEATH			ROT TO SUL		2. USUAL RESIDI		ere deceased		100	nce bel	fore admi	ssion)
	a. COUNIT	Allegany		MARYLA	ND	Maryla	and		b. COUNT	Alle	ran	V	
	b. CITY OR TOWN (If and give nearest town)		RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TO	OWN (If o	utside corpor	ate limits, write	RURAL one	give n	earest to	wn)
	Frosth	1170					M	idlan	d				
			If not in hos	pital, give street address)		d. STREET ADD							SIDENCE
	Mine	rs Hospit	tal										A FARM?
1	NAME OF DECEASED	Fir	ıf .	Middle		Last	1	. DATE	Manth	1	Doy	Y	ear
	(Type or print)	PATRICK		J.	RE:	ILLY		OF DEATH	4/16/	1961		1	9
15	S. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	B. C	DATE OF BIRTH		9.	AGE (In years last birthday)	IF UNDER			ER 24 HRS.
	Male	White	WIDOWE	D DIVORCED		3/16/ 1	1905		56 yrs.	Months	Days	Hours	Min.
ī	Oa. USUAL OCCUPATIO	N (Give kind of work	dane 10b. N	CIND OF BUSINESS OR INC	OUSTRY	11. BIRTHPLAC	E (State a	r foreign cou	ntry)	12. CITI	ZEN O	F WHAT	COUNTRY
	Non		2			Midl	land				U.	S.A.	
1	13. FATHER'S NAME			31-21-21	1	4. MOTHER'S MA		ME					
1	Mich	ael Reill	LV			Mar	v K	ennv					
	15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 1	7. INF	ORMANT		00222	Address				
1	Yes - War	(If yes, give war or dates of # 2	service)		S	IMON RE	CILL	Y . C111	mberla	nd. I	m.		
F	18. CAUSE OF DEAT	H [Enter only one cau	se per line	for (a), (b), and (c).		(F	BROT	HER	1100110		INTER	VAL BETWE	EN
	PART I. DEATI	H WAS CAUSED BY:		Peritoniti	s						24	4 Hr	
	540	DUE TO							1790	100	-		
	Canditions, if an			Perforated	Pe	eptic U	Ilce	r			1	H	
	gave rise to immed	iate cause				1							
1	(a), stating the v	nderlying (c)									1		
	PART II. OTH			ONTRIBUTING TO DEATH B	UT NO	T RELATED TO TH	HE TERMIN	IAL DISEASE C	ONDITION GIV	EN IN PAR	T 1(a) 1	9. WAS	AUTOPSY
	PART II. OTH		-									PERFO	RMED?
	20a. EXTERNAL CAU	SE WAS 20	b. DESCRIBI	E HOW INJURY OCCURRE	D. (Ent	er nature of injur	y in Part	or Part II of	item 18.)				
	PRIMARY Or CON	TRIBUTING L											
	20c. TIME OF INJUR	Y Month, Day, Yes	or 20d.			OF INJURY (Hor		20f. (City or	town)	(Cos	inty)		(State)
	20c. TIME OF INJUR Hour a. m. p. m.	19	While of wo	Not while	factory	, street, office bl	ldg., elc.}						
		at I took charge		remains described o	above	e, held an A	utopsy	DD. Insi	pection X,	Inquir	v (X)	and	find that
			_	. Accident .				Named .	etermined o			,	1110
		20	-0 //										
4	ACTUAL /	1111)	nº L	ane_		M.D. CHIEF MED	DICAL EXA	MINER				DATE S	IGNED
	SIGNATURE	VOI	1				MEDICA	L EXAMINER I	7				
	EXAMINER'S NAME (Type)	NOM	CLA	WEINS	7 0	DEPUTY MI	EDICAL EX	CAMINER X	April	16,	190	61	
7	220. BURIAL, CREMATION REMOVAL (Specify)		F	22c. NAME OF CEMETERY	OR C	REMATORY		22d. LOCATIC	N (City, town,	or county)		(State	e)
	Burial	4/18/6	1	St Micha	٦٦	Canata	222	Fre	stbur	g, MI).		
1	3. FUNERAL DIRECTOR	SIGNATURE		ADDRESS		-		BY REGISTRA		STRAR'S SIC			
	GEORGE E	ICHHORN	LO	NACONING,	MD	. 0	PATAPR	1 8 '61	Chi	thur S.	inall		

VS. A15ME(5) 5M 9/55

MESICAL EXAMINERS CERTIFICATE OF DEALER O LUTER POLICE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission a. COUNTY e. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town) DAYS CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 503 FAYETTE STREET MEMORIAL HOSPITAL DATE Month Middle DECEASED OF ROYCE DEATH (Type or print) EDWARD 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdey) MALE WIDOWED [DIVORCED TX

a. IS RESIDENCE

YES NO X

Yeer

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO X

(Stete)

SIGNED

U.S.A.

Dey

29

ON A FARM?

ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) after papers. 3. NAME OF APRIL AGE (In yaers | IF UNDER 1 YEAR Months 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) W.VA. Pipefitter Industrial 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please and in a WILLIAM ROYCE ANNIE WHITACRE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yes, no, or unkown) | (If yes give wer or detas of sarvice) removal MEMORIAL HOSPITAL. CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY as to 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Whila Not While Hour a.m et work at work 21. I certify that (I) (this hospital) attended the deceased from Maria 27, 1961, to Hand 28, 1961, that (I) (we) last saw the deceased alive on 22e. SIGNATURE ATTENDING STAFF M DIRECTOR PHYS. PHYS. M.D. director, page be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) WASHINGTON&CUMBERLAND ST., CUMBERLAND, MD. CALVIN Y. HADIDIAN 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cumberland. Zion Memorial Burial Park Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Chillun S. Krans Byron Kight '61 Cumberland. Md.

.Ecompletely and physician attending attending physician.

nas been signed by the a

burial-transit permit. The hospital or a certificate has DIRECTOR: VR A15 (4) 15M 9/60

executed

death. Page 4

SYAPPE

MUNEARRIL 25, 100RE W.W. W. A. S. F. Standarder

SHOATING STUDY 37YON MAILLIN

-EL COMMISSION STREET, CHARGOS - INC.

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DESCRIPTION OF THE PROPERTY OF

CALVIN Y. HADIDIAN SEE CONSHINGTONACIMERIANS ST., CONSIDERANCE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission, a. COUNTY b. COUNTY e. STATE c. CITY OR TOWN IT LAND MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 outside corporata limits, write RURAL and give nearest town) write RURAL end give nearest town)
CUMBERLAND, MD. GAITHERSBERG. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS 201 FOREST OAK DRIVE letely 3. NAME OF DECEASED Comp (Type or print) BABY BOY DEATH 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR last birthday) and MALE WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work physician remove BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) ALLEGANY COUNTY MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding and MARY LEWIS atten Then 16. SOCIAL SECURITY NO. | 17. INFORMANT Address moval, (Yes, no, or unkown) | (If yes give we ror detes of service) the Memorial Hospital. Cumberland, None 18. CAUSE OF DEATH [Entar only one couse pe I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e 1 - 30-32 wife burial-transit DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying certificate has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIFICATION as 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, offica bldg., etc. While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 4/16/ .19.6.1.., and that death occured at... #50AN om the causes and on the date stated above. saw the deceased alive on 22e. SIGNATURE ATTENDING STAFF PHYS. PHYS. DIRECTOR M.D. death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S W. Royce Hodges Cumberland, Md. HODGES & MOULD director, be filed v 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Sunset Memorial Park Cumberland, Maryland

ADDRESS

Hohn J. Hafer, Cumberland, Maryland

a. IS RESIDENCE

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED?

(County)

anthon & thous

250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

DATEAPR 2 1 '61

NO F

(Steta)

16SIGNED

ON A FARM? YES NO

24 FUNERAL DIRECTOR'S SIGNATURE

VR A15 (4)

15M 9/60

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MARCAL SCHARTT

CUMBURGARD, 19. 1 HR. TOWN'S CANTAGREGARD,

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APRIL 16, 1961

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John V. Hafer, Dombredtopd, Laryland, e. a. L. Cocker et Min Cockers vice

BYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3796 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Allegany Marvland the d MARYLAND b. CITY OR TOWN (if outside corporete limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) è write RURAL and give nearest town) filled in I Pages 1 Frostburg Frostburg vears Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS hours College Hospital Avenue Miners completely 3. NAME OF Middle 72 DECEASED (Typa or print) DEATH SCOGGAN EDWARD April 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR 5. SEX and last birthdey) Months WIDOWED [DIVORCED 1-7-1875 85 yrs. physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY RIRTHPLACE (County & Stete, or foreign country) remove dona during most of working life, even if retired Retired Salesman Produce St. Mathew. Kentucky 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death attending and Lucinda Reynolds Warner Scoggan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Frostburg, Md. 16. SOCIAL SECURITY NO. 17. INFORMANT Then removal, (Yes, no, or unkown) | (Ifyes give wer or detes of service) 263-09-8418 Mrs. W.E. Scoggan, 62 W. College Avenue the None 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) gned burial-transit DUE TO Conditions, if eny, which geva rise to immediate ceuse DUE TO (a), steting the underlying ceuse lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY certificate SE use prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CASE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) for this detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) While Hour a.m. TO HOSPITAL OK MAY be retained death. Page 4 may be retained TO FUNERAL DIRECTOR: 4 TO FUNERAL 3 should be defined. n m to 4/2 f 1961 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from S.D. 1942 and that death occured at I. M. from the causes and on the date stated above saw the deceased alive on..... 22e. SIGNATURE ATTENDING MED. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

TO FUNE.

23a. BURIAL, CREMATION, 23b. REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

Burial

VR A15 (4) 15M 9/60

Frostburg Memorial Park Frostburg
From Park Frostburg
Frostburg
From Park Frostburg
Frostburg
From Park Frostburg
Frostburg
From Park Fr afer

23d. LOCATION (City, town or county

Funeral Home Main, Frostburg Md MAY 8 '61

23c. NAME OF CEMETERY OR CREMATORY

Orthur S. Kroud

(County)

Allegany

28th 1%1

12, CITIZEN OF WHAT COUNTRY?

U.S.A.

e. IS RESIDENCE

IF UNDER 24 HRS.

PERFORMED?

NO X

(Stete)

22b. DATE

SIGNED

ON A FARM? YES NO X

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the day and by ed in bages 1 filled completely pon and carl certificate physician remove please death attending Then oval the burial-transit the certificate SB use for After DIRECTOR: 3 should be de O HOSPITAL death. Page 4 page director, p

VR A15 (4)

15M 9/60

REMOVAL (Specify)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) CUMBERLAND 1 HOUR FORT ASHBY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MEMORIAL HOSPITAL & WARWICK AVES. a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO K 3. NAME OF Middle 4. DATE Day DECEASED OF EUGENE SHIPMAN APRIL (Type or print) N. DEATH 61 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) Months Hours MALE WIDOWED DIVORCED 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Conductor B and O RR Co. ELKINS, WEST VIRGINIA U. S. A. 13. FATHER'S NAME ERNEST SHIPMAN GERTRUDE ROWAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of sarvice - CUMBERLAND. MD. MEMORIAL HOSPITAL No 18. CAUSE OF DEATH (Enter only one couse per ling for (e), (b), end (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gava risa to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION WAS AUTOPSY PERFORMEDA NO A 2De. ACCIDENT WAS UNDERLYING I 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, ferm, 1 2Df. (City or town) (County) (State) factory, straat, office bldg., atc.) While Not While Hour a.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from. .19.0/, and that death occurred 5:02 MP the the causes and on the date stated above. saw the deceased alive on... DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 122 SOUTH CENTRE ST., CUMBERLAND, MD. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF

Burial 8 April 61 Mineral Baptist Mineral Co. W. Va.

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

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MASS 3 CURTESIA

OR. W. F. WILLIAMS 122 SOUTH CENTRE ST., CUMBELLAND, MD.

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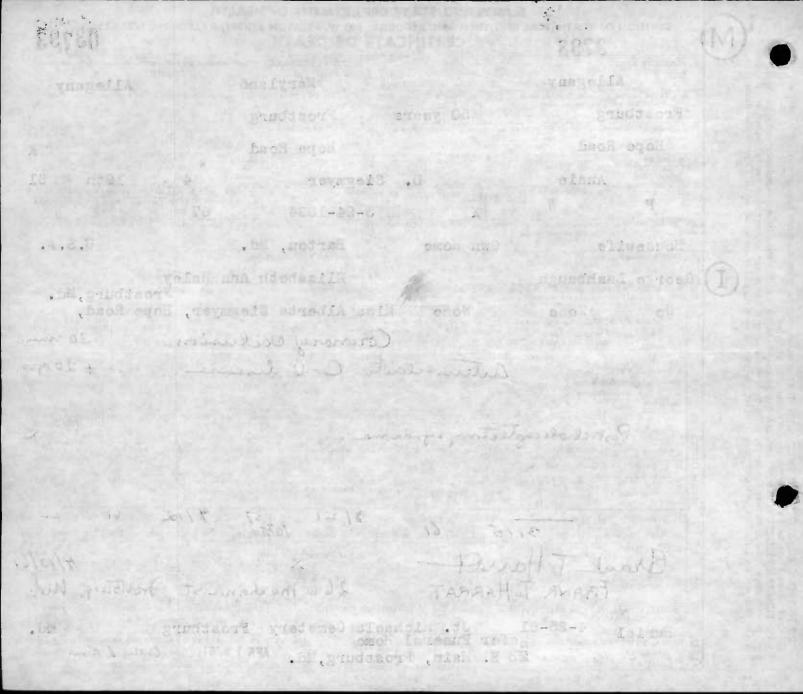
MARVIAND CTATE DEDARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH		MAKILAND SIATE DEPARTMENT OF HEALTH	
2798 CERTIFICATE OF DEATH 037	DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
	3798	CERTIFICATE OF DEATH	0379

1.	PLACE OF DEATH	Н				ICE (Where decesse	b. COUNTY	Residance before edmission)
	A:	llegany		MARYLAND	e. STATE Mary	heal		llegany
	b. CITY OR TOWN (if outsida corporete limi	is,	c. LENGTH OF STAY IN 16			imits, write RURAL en	d give nearest town)
	Frostbu	give neerest town)		50 years	22Frostb	11220		
-			f not In hos	spitel, give street eddress)	d. STREET ADDRESS	urg		e. IS RESIDENCE
	Hope 1				# 77 D			YES NO
2	NAME OF	First		Middle	Hope R	O &C	Month	
3.	DECEASED	FIRST		Middle	Last	OF	Month	Dey Yeer
	(Type or print)	Annie		D. S.	legmyer	DEATH		12th 19 61
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	DATE OF BIRTH	9. AGI	(In years IF UNDER 1	YEAR IF UNDER 24 HRS.
	P.	AA	WIDOWE	DIVORCED	3-24-1894		7 yrs. Months	Deys Hours Min.
		ION (Give kind of work		IND OF BUSINESS OR INDUST		unty & State, or foreig	n country) 12. CIT	IZEN OF WHAT COUNTRY?
90		orking life, aven if retire		vn Home	Panton	Ma		U.S.A.
13.	Housewij	. 6	OW	ALL TIOMA	Barton,	Md •		U. O. M.
15	eorge Li	ashbaugh	CCC2 114	SOCIAL SECURITY NO. 17.	Elizabe	th Ann R		
(Y	es, no, or unkown) (If yes give wer or dates of s	ervice)	SOCIAL SECURITI NO. 17.	INFORMANT		Frost	burg, Md.
_	No	None		None Mi	ss Alberta	Siegmye	r, Hope	Road.
		DEATH [Enter only one	ceuse per l	line for (a), (b), and (c).)				ONSET AND DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)			ronary o	Ocelusi	m	30 min.
	4201	DUE TO			conory o			
	Conditions, if en		6.	Tours Out	(-11	dinas		+ 20 ms
	geve rise to immed	liete ceuse						
	(a), steting the u	anderlying DUE TO						
_	ceuse lest.) (c)				INIA DISTAGE COND	TION CIVEN IN DAR	THE WAS AUTORS
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CONDI	IIONS CON	TRIBUTING TO DEATH BUT NO	DI RELATED TO THE TERM	INAL DISEASE COND	IIION GIVEN IN PAK	PERFORMED?
CAT	10	st. cholece	plect	my syndron	٠.			YES NO
E		AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of ite	m 18.)	
CER	(IF EITHER, NOTIFY	MEDICAL EXAMINER						
SAL	20c. TIME OF INJU	JRY Month, Day, Ye	ar 20d.		CE OF INJURY (Home, far		wn) (Cou	inty) (State)
MEDICAL	Hour e.m.		While et wor		ory, street, office bldg., et	(c.)		
X	p.m.	19			9/-1	10,000	1.4	61
	21. I certify	that (I) (this hoopi		ded the deceased from.				
	saw the decea	sed alive on	1.15	19. 61 , and that	death occured a.C.	D.M. from the	causes and on	
	220. SIGNATURE	11		\bigcirc I	ATTENDING	MED. ST	AFF	22b. DATE
	Ma	uk_1. H	ALL	A			YS.	4/13/6
	22c. PHYSICIAN'S		- 11		22d. ADDRESS			+ 1.1
	NAME (Type	TRANK	·HA	RRAT	26 W. M	echanic'	st. trosl	surg, Md.
23	a. BURIAL, CREMAT	ION, 236. DATE THE	EOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or count	y) (State)
	REMOVAL (Specify	4-25-6		St. Michae		San at	huma	W.a.
24	Burial FUNERAL DIRECTO			Funeral Ho	na 250 PI	y Frost	25b. REGISTRAR'S	SIGNATURE INC
7	TONERAL DIRECTO	Way Cosani	T			APR 1 9 '61		S. Kraus
10	11160 K. H.	Moule saul	23 E.	Main. Fros	FOURS NIGHT	ADC 24 " O	Colonary	2. ,

TO HOSPITAL OR ATTENUA G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 3799 CERTIFICATE OF DEATH

03794

	PLACE OF DEATH o. COUNTY	CGANY		MARYLANI	2. U		E (Where decease	d lived. If instituti b. COUNTY		ce befor		ion)
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN 11	avs	. CITY OR TOW		MARYT.AM		give neo	rest town)
	d. NAME OF HOSPITA	AL (If nat in hospital, g		11 00 0		Doug.	SS					FARM?
	SACE			tal								-
1	NAME OF DECEASED (Type or print)	Fir VER		Middle		SMITH	4. DATE OF DEATH	AP		18	′	Yeor 19 61
5.	SEX FEMALE	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED K	-	TE OF BIRTH -5-16		9. AGE (In years lost birthdoy) yrs.	Months	Days Days	Hours Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind af work ing life, even if retired	done 10b.	KIND OF BUSINESS OR IN CELANESE COR			(State or fareign o	country)	U.S		WHATC	OUNTRY
13.	FATHER'S NAME				14.	MOTHER'S MAI						
	JOHN SMII	H				Marga:	ret Cre	ighton				
15. (Ye		R IN U. S. ARMED FOR If yes, give wor or dates of s		SOCIAL SECURITY NO. 17	7. INFORA			Add	ress			
ATION	Canditions, if of gove rise to in couse (o), stoting lying couse lost. PART II. OTH	the <u>under-</u>	Br	contributing to DEATH		RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	VEN IN PAR		PERFO	AUTOPSY PRMED?
L CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCUI	RRED. (En	ter noture of inju	ry in Port I or Po	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	20d. I While of wor	Nat while		OF INJURY (Home street, office bldg	e, farm, 20f. (Cit g., etc.)	y or town)	(0	County)		(State
	21. I certify that saw the deceas) attend	ded the deceased from		accurred at	1956 , .to_ 4 2 M, fram	4 - 18 the causes ar				
	22a. SIGNATURE	Duga lo.	Bree	lie.	M.D.	ATTENDING PHYS.	MED.	STAFF	5	3	221	6. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Dr.Ralph B	alli	n, M.D.		22d. ADDRESS 62 Gree	ne St. C	umberland	, Md	1-	18-6	1
230	BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 236. DATE THEREC	961	23c. NAME OF CEMETER Memorial	y or cre Park			TION (City, town,			(Stot	e)
24.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS		25a	REC'D BY REGIS	TRAR 25b. REGI	STRAR'S SI	GNATU	RE	
	CEORGE I	TCHHORN	T	ONIACOUTING	TATO	DA	te ann 2 A	161 0	11 6	4.	4	

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	3800		CATE OF DEATH		ARYLAND		03	795
1. PLACE OF DEATH a. COUNTY	EGANY	MARYLA	2. USUAL RESIDENÇE (W a. STATE		lived. If institution b. COUNTY	an: Residenc		dmissian)
b. CITY OR TOWN (In RURAL and give no	f outside corporate limits, wr	c. LENGTH OF STAY IN	N 1b c. CITY OR TOWN (IF		ate limits, write R			tawn)
OR INSTITUTION	AL (If not in hospital, give st RED_HEART		d. STREET ADDRESS		PRINCIP		(S RESIDENCE ON A FARM? ES NO F
3. NAME OF DECEASED (Type or print)	First JAMES	Middle W.	Last STEVENSON	4. DATE OF DEATH	Man AP	n RIL	Day 6.	Yeor 19 61
5. SEX MALE		MARRIED NEVER MARRIED		S	2. AGE (In years last birthdoy) 62 yrs.	_	-	UNDER 24 HR ours Min.
during mast af work	ON (Give kind of work done king life, even if retired) FORFMAN		INDUSTRY 11. BIRTHPLACE (Stote LAB LAB MOTHER'S MAIDEN	JARYT ANI			S.A.	HAT COUNTRY
WILLIAM .	J. STEVENSON	1		E. CRAZI	Add			
	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214-07-571		100	Addi	ress	7059	
	THE WAS CAUSED BY	per line for (a), (b), and (c).	rt Failure				ONSET .	AL BETWEEN AND DEATH
Conditions, if a gave rise to it cause (a), stating lying cause lost.	mmediate DUE TO	lung, metasta	arcinoma, with pases to left lungeright pleural	g and p	leura w		10 r	nonths
Ĕ		ONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	'EN IN PART	P	VAS AUTOPS' ERFORMED?

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, office bldg., etc.

(County) (State)

21. I certify that (I) (MICHISPHIA) attended the deceased fram. September, 19.60, to April 6th., 1961, that (I) (we) last 5th 1961, and that death accurred at 3.2 M, from the causes and an the date stated above saw the deceased alive an Annil 22a. SIGNATURE 22b. DATE

22c. PHYSIC Wyand Doerner.

23b. DATE THEREOF

22d. ADDRESS

23d. LOCATION (City, town, ar county)

(State)

SIGNED

Burial (Specify) 4 - 9 - 6I24. FUNERAL DIRECTOR'S SIGNATURE James F. Scarp

230. BURIAL, CREMATION,

Hour a.m.

p. m.

Scarpelli Cumberland, Md.

23c. NAME OF CEMETERY OR CREMATORY

While Nat while of work at work

250. REC'D BY REGISTRAR

MED. DIRECTOR

25b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached far use as the burial-transit permit. the State Board of Health priar ta buriol, cremation, or remaval, TO HOSPITAL OR ATTENDING VR A15 (4) 15M 9/59

SICIAN: The law requires that the death certificate be executed within 24 hours after death.

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Pages 1

event, within 72 hours ofter death

and in any

cremation, or remaval,

attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3801

CERTIFICATE OF DEATH

03796

V	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Whare decase		ence before admission
	ALLEGANY	MARYLAND	e. STATE	b. COUNTY ALLEG	ANV
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate	a limits write RURAL and giv	e nearest town)
	write RURAL and give nearest town)			0.0	7,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4
	CUMBERLAND	9 DAYS	CUMBERLAND	U OC	
1	d. NAME OF HOSPITAL OR INSTITUTION III TO III hos MEMORIAL & WARWICK AV	pital, give street address)	d. STREET ADDRESS	1	IS RESIDENCE ON A FARM?
Ę	MEMORIAL HOSPITAL	,	III LAING AVENUE		YES NO
7	3. NAME OF First	Middle	Last 4. DATE	Month De	y Yeer
	(Type or print) JOHN	E DGAR	STEVENSON DEATH	APRII I	3 1961
	5. SEX 6. COLOR OR RACE 7. MARRIE			GE (In years IF UNDER 1 YEAR	
	MARC MEETIC		1073	st birthdey) Months Deys	Hours Min.
	THE		UGUST 24, 1894 67	SSC yrs.	
i	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stete, or fore	ign country) 12. CITIZEN	OF WHAT COUNTRY
1		eral Box Co.	MARYLAND, Midland	U.S	-A-
i	13. FATHER'S NAME	71 W.L. DOLL 008	14. MOTHER'S MAIDEN NAME		
1	OFODOE II OTEVENOON		STRAIL E MINGERS		
)	GEORGE H. STEVENSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	SARAH E. WINTERS	A 11	
۱	(Yes, no, or unkown) (Ifyesgivawarordatesofservice)	SOCIAL SECURITY NO. 17. I.	NFORMANT	Address	
1	No		MEMORIAL HOSPITAL	. CUMBERLAND.	MD.
	18. CAUSE OF DEATH [Enter only one couse per l	ine for (e), (b), end (c).]			NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Cong	estive Heart F	ailure		days
	[FA20	0502.0			
	DUE TO Provi	monitis			LO days
	Conditions, if eny, which geve rise to immediate cause	THOUT OTO			Lo dajo
-	DUE TO	- 1	0 Tiles 1 0 Observe	4 - Danie ab 444	Vanne
	couse last. (c) Pulm	ionary Emphysem	a & Fibrosis & Chron	te Bronenius	Years
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
	Adynamic Ileus due to g 20b. Accident Was underlying 20b. Des OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)				YES NO
	208. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURED.	, (Enter nature of injury in Part I or Pert II of	item 18.)	
	20c. TIME OF INJURY Month, Dey, Yeer 20d. Hour a.m. While	to a	CE OF INJURY (Home, farm, 20f. (City or ory, street, office bldg., etc.)	town) (County)	(Stata)
	E p.m. 19 at wor				
	21. I certify that (I) (this hospital) atten-	ded the deceased from	April 4th 19 61 to Ap	ril 13th, 1961,	that (I) (we) las
	saw the deceased alive on April 12t	th. 1061 and that	death assured 9:20 A.M. th	e causes and on the	date stated above
	A	, and mar	deam occured at	e causes and on me	22b. DATE
4	22a. SIGNATURE			STAFF	
f	Wyant A. Womm fr	M.	V. dist.	PHYS. Ap:	ril 14,196
	22c PHYSTOAN'S HAME (Type)	on In W.D.	22d. ADDRESS	CUMBERLAND,	MARYLAND
	WYAND F. DOERN	ER, Jr., M.D.	WASHINGTON &CUM	BERLAND SI.,	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CHATORY D 230 LOCATIO	ON (Gity, town or county)	a (State)
	Bruces 4/16/6	(Peller!)	7 Christing (con	nterley	1 1100
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRA	R 256. REGISTRAR'S SIGN	ATURE
	Soften Jatalo		DATE APR 21 '61	arthur & to	
			MAIL	2, 10	ANALYS

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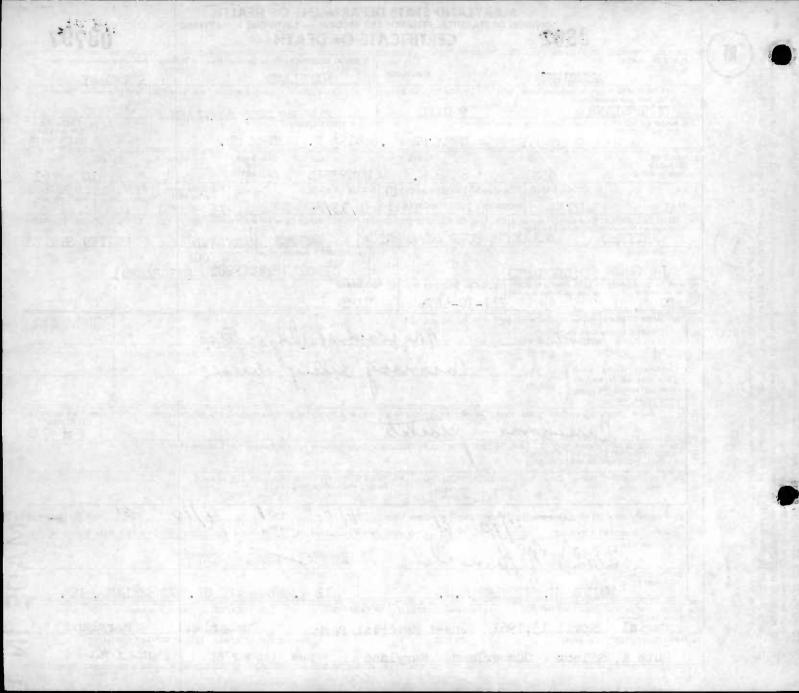
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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-	, -	-		-

1.	PLACE OF DEATH					2. U	SUAL RESIDI	ENCE (WH	ere decease	d lived. If in		: Residen	ce befor	re admiss	sion)
	o. COUNTY	ALLEGANY			MARYLAND	a.	STATE MAR	YLAN	D	b. COI	UNTY	ALL	EGAN	IY	
	b. CITY OR TOWN (If RURAL and give nec	rest tawn)	its, write	c. LENGTH O	F STAY IN 16					orate limits, w		RAL ond	give nec	rest town	n)
-	d. NAME OF HOSPITA		give street a		10	d	. STREET AD	DRESS	AND, I	IARYI.A	MD_			e. IS RES	SIDENCE
	OR INSTITUTION SACRE	D HEART HO	SPITA	T. DECA	TUR ST.	6:	193 N.	CEN	TRE ST			1			FARM?
3.	NAME OF	Fir	st		Middle	-	Last		4. DATE		Month)	Do	у	Yeor
	(Type or print)	GUS			W.	WI	GFIELD		DEATH		4				1961
S	. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER	MARRIED [8. DAT	E OF BIRTH	11.5	14.0	9. AGE (In last birth					ER 24 HRS
	MALE	WHITE	WIDOWE	0 0	IVORCED	4,	/13/85			75 8.0	yrs.	Months	Days	Hours	Min.
10	Oa. USUAL OCCUPATIO	N (Give kind af warking life, even if retired	dane 10b. K	CIND OF BUSI	NESS OR INDU	STRY 1	1. BIRTHPLA	CE (State	or fareign	country)		12. CITI	ZENOF	WHAT	COUNTRY
	RETIRE		ANESE	CORP C	F AMERI	CA	6.6	B658	MAR	YLAND		U	NITI	ED S	TATES
13	3. FATHER'S NAME					14.	MOTHER'S	AAIDEN N	NAME S	HRYOCK					
	JONATHAN	(DECEAS	SED)				DEBO	RAH 1	并连续并	消除 (I	DECE	ASED)		
	S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECUE	RITY NO. 17. 11	NFORM	ANT				Addre	55			
L	NO		217	7-10-44	75	CHAI	RT								
	PART I. DEAT	TH [Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (c		e for (o), (b),	Mysc	au	dial	War	Loic	lion					DEATH
	420	DUE TO		1			1		1	-	,				- (-)
	Conditions, if on)(Co	consi	4	alle	4	auce	alo					
	gove rise to in couse (a), stating t)			1		-							
	lying couse lost.) (c				٧							- 11 11	0 1414.0	ALITORCY
CEDITEICATION	PART II. OTH	ER SIGNIFICANT CON	Ma .	- RA	sclass	NOT	RELATED TO	THE TERM	INAL DISEA	SE CONDITIO	N GIVE	N IN PAK	1 1(0) 1	PERFC YES	DRMED?
		CAUSE OF DEATH	20b. DESC	RIBE NOW IN	IJURY OCCURRE	D. (Ent	ter nature of	injury in	Part I ar Pa	rt II af item 1	8.)				
INDICAL	20c, TIME OF INJURY Haur o. m.	Month, Day, Ye	While	JURY OCCUR Not while	E-		F INJURY (H street, office			y or town)		(4	County)	-37	(Stote
1	21. I certify that	(I) (this bassita	I) attende				+/1	12	6 , .ta	4/1	U	196			las
	saw the decease	ed alive an	-4//	19.01	, and that o	death	accurred	a15/	PM, from	the cause	es and	an the	e date		d abave
	ZZd. SIGIVATORE	Jalon 1	· Ne	mul	len	-	ATTENDING PHYS.	D	ED.	STAFF PHYS.					SIGNE
	22c. PHYSICIAN'S NAME (Type)		4.				22d. ADDRES	SS							
L	W	ALTER N. F	IMMLE	R M.D.			412	N. M	ECHAN.	IC ST.	CUM	BERL	AND	MD	
2	3a. BURIAL, CREMATION REMOVAL (Specify)	V. 23b. DATE THERE	OF	23c. NAME	OF CEMETERY C	R CRE	MATORY		23d. LOCA	ATION (City, 1	lown, or	county)		(Sto	te)
1	Burial	April 13	1961		t Memor	ial			-	berland				land	
2	4. FUNERAL DIRECTOR'S			ADDRES	S			25a. REC'	D BY REGIS			TRAR'S SI			
	Ruth E,	Silcox	Cumber	rland	Maryla	nd		DATE	APR 1 7	'61	a	other.	1. Th	alla	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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		CERTIFICATE OF DEATH	00100
ST TO	1. 1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	e before admission)
Page direct	1	Allegany Maryland O. STATE Maryland Al.	legany
F F F F		o. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and g	
deat deat		RURAL and give nearest town)	
fter hould hould no		Lonaconing Lonaconing d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE
4 4 4 X		OR INSTITUTION	ON A FARM?
on on one		Robin Street Robin Street	
The sain and the s	3.	NAME OF First Middle Lost 4. DATE Month OF	Day Yeor
fille fille ges south.		Type or print) Robert Williams DEATH April	73 19 6
it Coop of	5. :		1 YEAR IF UNDER 24 HRS Doys Hours Min.
S G G G G G G G G G G G G G G G G G G G	T	Tale White WIDOWED DIVORCED May 3.1898 62 yrs.	Doys Hours Mill.
uter per rs comp	10a		ZEN OF WHAT COUNTRY
od co		during most of working life, even if retired) Gelenease Worker Lonaconing, Maryland	U.S.A.
trong tro	13.	Gelenease Worker Lonaconing, Maryland FATHER'S NAME 14. MOTHER'S MAIDEN NAME	0,00,11,
te in signification	D	William R.Williams Agnes Boyd	
Fig. N. K. S.	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
enti ent	(Ye	(If yes, give war or dates of service)	coning, Mo
	q _		
tend tend only only	7	To. Short of State Composition for the following to the following the state of t	ONSET AND DEATH
(S) Find		PART I. DEATH WAS CAUSED BY: Coronary occlusion	Minutes
D 2 + + + + + + + + + + + + + + + + + +		DUE TO	
事事事		Conditions, if any, which (bchronic myocarditis	Years
d G		gove rise to immediate DUE TO	
an sign		lying couse lost. (mitral insufficiency-aortic stenosis	
icio	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPS'
State of the state	M X		YES NO
to General	HE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
AN AN COL	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
D # T S I S I S I S I S I S I S I S I S I S	तुं		County) (Stot
1 1 2 5 C C C C C C C C C C C C C C C C C C	WEDIC	Hour o.m. While Not while foctory, street, office bldg., etc.)	
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IN Spring	E E	21. 1 certify that (I) (this hospital) attended the deceased fram April 1958, ta March 3, 19	
Sich A the	d	saw the deceased alive of March 3 1961, and that death occurred atM, from the causes and an the	
ty Her det	2	220. SIGNATURE	22b. DATE SIGNE
Pod of Po	E CO	LATERIAN MARCHAN MARCH	-14-61
D = 0 0 ···	U	22c. PHYSICIAN'S NAME (Type)	
A San Co	d	G. Overton Himmelwright, M.D. 133 Virginia AveCumbe	rland, Md
Ne 3	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
HOS may b FUN page the Ste		Buy after 4/16/61 Mt. View Cemetery Moscow, Mar	yland
5 5 0 0 ±	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
VR A15 (4)	(George Eichhorn Lonaconing, Md. DATE APR 18'61 Outlan S.	Trava
15M 9/59			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	dence before admission)
a. COUNTY	e. STATE b. COUNTY	e cre mare
Allegany MARYLAND	c. CITY OR TOWN (If outside corporete limits, write RURAL end g	egany
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	C. CITE OR TOWN (IT outside corporere limits, while korne end g	144 11461631 10411)
	Frostburg	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
		ON A FARM?
Miner's Hospital 3. NAME OF Middle	170 W. Mechanic Street	
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year
(Type or print)	DEATH	22 1961
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	
J. SEA ON MACE 7. MARRIED NEVER MARKED	last birthdey) Months De	
M WIDOWED DIVORCED	June 6 1905 55 yrs.	
		N OF WHAT COUNTRY?
done during most of working life, avan if ratired)		
Iron Works Own Business		S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Mhomos W4734son	Lillie Twigg	
Thomas Willison 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address To a c	January 37.5
(Yas, no, or unkown) (Ifyes give wer or detes of service)	rrost	burg, Ma.
No. None Mr	s.Wm. J. Willison, 170 W. Me	chanis St.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
PART 1, DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a)	~~	acing
Conditions, if eny, which (b) nephro	ナナ	Udala
Conditions, if eny, which \ (b)	aus	Tage
(a), stating the underlying DUE TO		
ceuse lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED?
OF CONTRACTOR OF THE CONTRACTO		YES NO NO
S LOS SERVICES OF LOS SECONDS HOW IN HURY OCCUPANT	D. (Enter neture of injury in Pert I or Pert II of item 18.)	1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COURSE OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NO.	5. (Enter neture of injury in Peri I of Peri II of Hell 10.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, ferm, 20f. (City or town) (County	(State)
Hour a.m. WhileNot While fec	tory, street, office bldg., etc.)	
p.m. 19 et work et work		
21. I certify that (I) (this hospital) attended the deceased from.	march 1951, to april 22, 196	, that (I) (we) last
	and all the second and an about	date stated above
the bound alive on Orke 127 10(0) and that		, date stated apove.
saw the deceased alive on of ril 22 1961, and that	death occured ar/N, from the causes and on the	221 DATE
saw the deceased alive on of il22 1961, and that		22b. DATE
saw the deceased alive on of il22 1961, and that		22b. DATE SIGNED 4/24/6
saw the deceased alive on afril 22 196, and that 22s. SIGNATURE John B. Dowis, N	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE
saw the deceased alive on afril 22 196, and that 22s. SIGNATURE John B. Dowis, N	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE
saw the deceased alive on afril 22 19.6, and that 22a. SIGNATURE Golw B. Dowie, No 22c. PHYSICIAN'S NAME (Type) John B. Davis, m.	A.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22d. ADDRESS 2 Broadway, Pro	22b. DATE 4/24/6, stong, m
saw the deceased alive on afril 22. 22a. SIGNATURE Solur B. Davis, M. 22c. PHYSICIAN'S NAME (Type) To hy B. Davis, M. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	A.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22d. ADDRESS 2 Broadway, Pro	22b. DATE
saw the deceased alive on afril 22. 228. SIGNATURE Solw B. Dovis, M. 22c. PHYSICIAN'S NAME (Type) To hy B. Davis, M. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY	A.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22d. ADDRESS OR CREMATORY 23d. LOCATION (City, town or county) Polypopt	22b. DATE 4/24/6/ stbug, m (Stele)
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N086 grant cott Monorta Mangabled LaddonoR atmostle E ASS. ROULDER . TO MAKE THE . TO June 6 1905 _ tt double affiliation of the state Fronthems, Ma. Mrs. W. J. W. Disconside W. Deckerson 35045 and the second second The state of the s man to the state of the state of + 1 Sales Kindson & Company of the Company CALLY 1610 Je AN B. BERNS, M.D. - 2 Phrenderong y Edward and Tould H. Minded J. E. Man, Sec. Barry, J. Letter S. L. SICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag

TO HOSPITAL OR ATTENDING 2015 And 12 have requires that the death certificate be executed within 24 haves after death. Pagmoy be retained by the hospit attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral directors as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled the State Board of Health priar to burial, cremation, or remayol, and in any event, within 72 haves after death.

VR A1S (4) 1SM 9/S9

2000

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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3000 _{Ti}	-m 7 Film 0284	4/10/61 iwk-		
1. PLACE OF DEATH o. COUNTY				tion: Residence before admission)
Allegany	MARYLAND	Marylan	d b. COUNT	Allegany
b. CITY OR TOWN (If outside carporate limits, RURAL and give neorest tawn)	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	e corporote limits, write	RURAL and give nearest town)
Cumberland		X Rural Nat	ional Highwa	av LaVale. Md.
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
Sacred Heart				
3. NAME OF First DECEASED (Type or print) Reg	Middle E.		OF DEATH	onth Doy Yeor April 2 19 61
		B. DATE OF BIRTH	9. AGE (In years last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS
Female White W	IDOWED XX DIVORCED	nov, 2, 188	S 75 yrs	11101111
O. USUAL OCCUPATION (Give kind of work dor	ne 10b. KIND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	A	Corrigan	ville. Md	U.SA
13. FATHER'S NAME	U	14. MOTHER'S MAIDEN NAME		
HUDUSTUS BL	rkeu	Rose Maz	Hinoly	
IS. WAS DECEASED EVER IN U. S. ARMED FORCE		IFORMANT	Ad	ddress
(Yes, no, or unknown) (If yes, give war or dates of service)	ce)			
18. CAUSE OF DEATH [Enter only one cause	per line for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		Ocelusia.		ONSET AND DEATH
420.1 IMMEDIATE CAUSE (6)_	, /	Occlusion		
Conditions if any which)	anterior	lunis		
gove rise to immediate	0,			
Luine cours lost				
, (0)	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION G	SIVEN IN PART 1(a) 19. WAS AUTOPSY
5 Bastrilis -	Disbeles In	ellitus		PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part i	i ar Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20	Of. (City or town)	(County) (State
20c. TIME OF INJURY Month, Day, Year Haur a. m. p. m.	While Nat while to work of work	ctory, street, office bldg., etc.)		
	attended the deserred from	4/1 10/1	10 4/2	1961, that (I) (we) las
21. 1 certify that (1) (this hospital) a	11-1 1-1	la atheres and at the	franklaria (
saw the deceased olive on 22a. SIGNATURE	ond that o	learn accurred atM,	from the causes a	and an the dote stoted above
X and	to W.	M.D. ATTENDING MED.	OR PHYS.	SIGNER
22c. PHYSICIAN'S	Jey, O	22d. ADDRESS	OK	770
NAME (Type) LEO H. LEY I	M.D.	456 N. C	enter St. (Cumberland, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d	LOCATION (City, town,	, or county) (Stote)
Burgal Specify April 5, 1	961 St. Patrick	is Lem.	Comberla	and Md
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY	REGISTRAR 256. REC	GISTRAR'S SIGNATURE
tous stein inc. L	cimiteland,	Nel DATEPR 6	'61 Qui	Thur & Knows

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	2000		LKIIICAI	- V. D.A		[1381]
PLACE OF DEATH COUNTY ALLE			MARYLAND	a. STATE MARY!	CE (Whare decaesed livad, If inst b. COUNTY	
	(if outsida corporate limits, d give naarest town)	c. LEN	GTH OF STAY IN 16 DAYS	A 6	If outside corporata limits, writa RICR LAND	URAL and give nearest town)
MEMORIAL	TAL OR INSTITUTION (IV AS	WICK & 'K	S.,	d. STREET ADDRESS		IS RESIDEN ON A FAR YES NO
NAME OF DECEASED (Type or print)	PERC 1	VAL	R aymond	WR I GHT	4. DATE Month OF DEATH APRIL	15 19 61
MALE		MARRIED NE	VER MARRIED 8	B. DATE OF BIRTH DECEMBER 9. 1	9. AGE (In years last birthday) 80 yrs.	UNDER 1 YEAR IF UNDER 24 HI Months Days Hours Min
Da. USUAL OCCUPAT	TION (Give kind of work orking lifa, evan if retired)	racali	SUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Cour	WN, MARYLAND	12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME	22.002	DOLL DIE	project	14. MOTHER'S MAIDEN	NAME	Market State of the State of th
	LBERT WRIGHT				MYERS	
	/ER IN U.S. ARMED FORCES If yes giva wer or dates of service		SECURITY NO. 17.		HOSPITAL, CUMBE	RLAND, MD.
PART II. OTHE 20a. ACCIDENT W OR CONTRIBUTING (If EITHER. NOTIFY	(c)_	NS CONTRIBUTION	IG TO DEATH BUT NO	OT RELATED TO THE TERMI	nal disease condition given	I IN PART 1(a) 19. WAS AUTOP PERFORMED YES \(\text{NO} \) NO
	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HO	OW INJURY OCCURED	D. (Enter natura of injury in	Part I or Pert II of item 18.)	
20c. TIME OF INJU	CAUSE OF DEATH	20d, INJURY C	OCCURRED 20a. PLA	O. (Enter natura of injury in ACE OF INJURY (Home, farr tory, street, office bldg., atc	n, † 20f. (City or town)	(County) (Stata)
20c. TIME OF INJU- Hour a.m. p.m. 21. I certify	G CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Day, Yaar	20d. INJURY C While Not at work at attended the	OCCURRED 20e. PLA While fec work a e deceased from.	ACE OF INJURY (Home, fare tory, street, office bldg., atc	n, 20f. (Cily or town)	(County) (Stata) 5, 19.6., that (I) (we) and on the date stated abo
20c. TIME OF INJUNE Hour a.m. p.m. 21. I certify it saw the decea. 22e. SIGNATURE	CAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Day, Year 19 that (I) (this hospital) sed alive on	20d. INJURY C While Not at work at attended the	While work 200. PLA fac	ACE OF INJURY (Home, farritory, street, office bldg., atc	n, 20f. (City or town)	(County) (Stata)
20c. TIME OF INJU- Hour a.m., p.m. 21. 1 certify to saw the decea	CAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Day, Year 19 that (I) (this hospital) sed alive on	20d, INJURY C While at work at attended the	While work 200. PLA fac work 19, and that	ACE OF INJURY (Home, farritory, street, office bldg., atc.) t death occured at 2. ATTENDING PHYS. 22d. ADDRESS	20f. (City or town) 19 61, to april 1. 20P Mom the causes an	(County) (Stata) 5, 19, that (I) (we) ad on the date stated abo 22b. DAT 4/17/61
20c. TIME OF INJU- Hour a.m., p.m. 21. I certify saw the decea 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type	CAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Day, Year 19 that (I) (this hospital) sed alive on	20d, INJURY C While at work at attended the	While work 200. PLA fac work 19, and that	ACE OF INJURY (Home, farritory, street, office bldg., atc.) 1 death occured at 2. ATTENDING PHYS. 22d. ADDRESS 412 N. N. OR CREMATORY	20f. (City or town) 19 6. to apaid 20P Mom the causes an STAFF DIRECTOR PHYS.	(County) (State) 5, 19, that (I) (we) ad on the date stated abo 22b. DAT 4/17/61 IBERLAND, MD. pr county) (State)

14884 AFFECTANA AL DEBURRY CUMESTATION OF CYMED MENORIAL MOSPITAL MARKIES A VENORIAL empa Manegaga Alli 11994 70184 10- 11 Senerge 6 JAVIDR19 MALE WHITE LANGE WAS BEEN DECEMBED OF 1850 - 80 The Market Contraction burgo firms 1200 morang 200 y DEPOSIGE ROSSITAL, CENEGRIANS, D.D. to the district of the second section of the second second the 12 frage of the best for the 13/17/18 DE. WALTER MINIMER ... DIE W. MECHANIC ST. CLERERLING, NO. Energy History King The Course Country Const AND STATE OF STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND

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	. COUNTY ALLE	GANY	MARYLAND	e. STATE MARYL		b. COUNT			hission)
	write RURAL and CUMBE	f outside corporete limits, give neerest town) RLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	SERLAND		RURAL end give r	neerest town)	
	d. NAME OF HOSPIT		WARWICK & MEMORIA	d. STREET ADDRESS	RD ROAD	100		e. IS RESE	FARM?
	3. NAME OF DECEASED (Type or print)	First	Middle E	YERGAN	4. DATE OF DEATH	APRIL	Dey	Yeer 19 6	51
	5. SEX FEMALE	WHITE		MARCH 13-1	1870	AGE (In years last birthdey) 91 yrs.	F UNDER 1 YEAR Months Deys	IF UNDER 24 Hours	HRS. Min.
	HOUSEKI 13. FATHER'S NAME	rking lifa, even if ratired)	AT HOME	MARYLAND 14. MOTHER'S MAIDEN			12. CITIZEN O	S. A.	
	(Yes, no, or unkown) (If	yesgive wer or detes of service	NONE se per line for (e), (b), and (c).]		KK MEMO	Address RIAL HOS		UMBERL ERVAL BEMO	AND
	Conditions, if eny gave rise to immedia (e), steting the un- cause lest.	ate ceuse	Javahvar Donilas contributing to death but no	real ger	verel	Bel to		9. WAS AUT PERFORM	AED?
	U (IF EITHER, NOTIFY	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED	, (Enter neture of injury in I	Pert I or Pert II	of item 18.)			
		19		ATTENDING PHYS.	19O./ to	4.11	(County) , 196/, the	hat (1) (we ate stated a 22b. C	above.
1	22c. PHYSICIAN'S NAME (Type)	W. F.	WILLIAMS	22d. ADDRESS 122 SC	OUTH &	CENTRE S	T. CUMBE	RLAND,	, MD
1	23s. BURIAL, CREMATION REMOVAL (Specify) Burial 24 FUNERAL DIRECTOR Ruth E.		1961 Trinity Luth	eran Cemeter	y Cumb	ntion (City, low) perland RAR 25b. REGI	Maj		•)

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